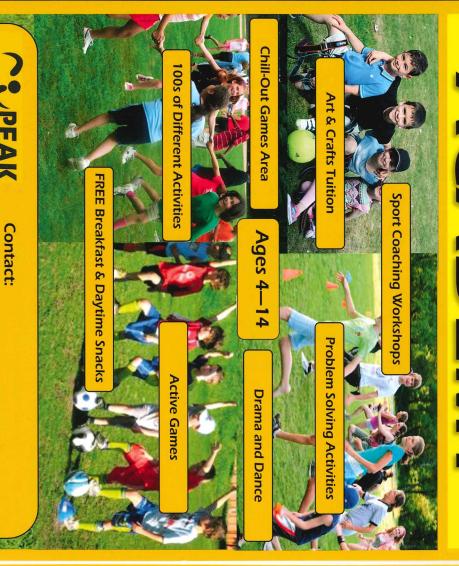
PEAK ACTIVE

TO A DENY



hilds Name		
Which camps/dates will our child be attending?		
ull Postal Address		
Date of Birth	School	Home Telephone Number
arent e-mail We will confirm your child's lace via e-mail)		
	Name:	
moraphy Contact 1	Relationship to child:	
mergency contact i	Telephone Number (1)	
	Telephone Number (2)	
	Name:	
mergency Contact 2	Relationship to child:	
mergency contact z	Telephone Number (1)	
	Telephone Number (2)	
oes your child have any spec r has been in contact with ar ive brief details:	oes your child have any specific medical requirements e.g. allergies, medical conditions r has been in contact with any infectious diseases in the last four weeks. If Yes, please ive brief details: Yes N	llergies, medical conditions four weeks. If Yes, please Yes No
o you give us consent to adr	o you give us consent to administer emergency first aid to your	
illa il required:	of to include your child in Dhottographs of th	ies ive

Do you give us consent to administer emergency first aid to your child if required?

Do you give consent to include your child in Photographs of the session to be used by PEAK in brochures, social media, leaflets, posters, video, advertising campaigns and newspapers?

Do you consent to allow us to keep these details on file to ensure you get priority bookings on future camps?

Signature of parent or guardian:

Date

St Columba's RC Primary School 8am—4pm

£40

£50

Camp 2 Monday 9th April—Friday 13th April St Columba's RC Primary School 8am—4pm

Camp 1 Tuesday 3rd April—Friday 6th April

07921 563464 or info@peak-sport.co.uk

Please return this form to St Columba's RC Primary School, Station Road, Wallsend, NE28 8EN

Or call PEAK on 07921 563464 or e-mail us on info@peak-sport.co.uk