

2011 Summer Camps Booking Form



For office use only

Date Received:	Form Ref:	PRP:
Camp Location:	Camp Date:	Booking Ref:

Young person's information

First name:	Surname:		
Date of birth: DD / MM / YYYY	Age at camp:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Email:			
Address:			
Postcode:			
Is the young person a 'Looked After Child' (i.e. in Foster Care)? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Promotional Code:	

Parent, guardian or foster carer contact details

Title:	First name:	Surname:
Relationship to young person:		
Address (if different from above):		
Postcode:		
Home Tel:	Work Tel:	Mobile Tel:
Email:		

Alternative contact details (must be completed or the form will be returned to you)

Please give details of an alternative contact to the above that we may refer to in case of an emergency if we are unable to contact you.		
Full name:	Relationship to young person:	
Home Tel:	Work Tel:	Mobile Tel:

Third Party contact details

If the booking is being made by a Third Party on behalf of the parent/guardian (e.g. Social Worker etc.), please enter their details below. Copies of booking correspondence will be sent to both the parent/guardian and the Third Party.		
Name of organisation:		
Contact name:	Job title:	
Address:		
		Postcode:
Work Tel:	Mobile Tel:	Out of hours Tel:
Email:		

Activity choice

Please indicate the camp that you would like to book. Full details of the camps, dates and prices can be found on our website at www.doit4real.co.uk .				
Activity	Location	Start Date	No. of Nights	Price

Transport

Accompanied transport to and from camp is available from only £35. Details of the pickup and return points for each camp are shown on our website at www.doit4real.co.uk . First Travel will contact you to confirm and take payment after you have made your booking.	
Do you require transport to/from camp? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Transport Pickup Point:

Friends at camp

Please provide the names of friends or relatives that the young person would like to be accommodated with. A separate application form must be submitted for each young person.

1:	2:	3:
4:	5:	6:

Additional information

Has the young person attended a Do it 4 Real Summer Camp before?

Yes:

No:

Where did you hear about Do it 4 Real?

How much to pay (Please visit www.doit4real.co.uk for more details)

I wish to book a place at camp at the price of (tick appropriate box):

£249 for a 5 night Performing Arts Camp

£299 for a 5 night Future Leader Camp

£99 for a 2 night Action Adventure Camp

£279 for a 5 night Action Adventure Camp

£349 for a 7 night Action Adventure Camp

£329 for a 5 night Go Extreme Camp

Invoice payments

Third Party Agencies who wish to be invoiced please tick this box:

Invoice address

Name of contact:

Department:

Name of organisation:

Address:

Postcode:

Telephone:

Invoices must be paid within 14 days of invoice date

How to make a payment

Full payment is due at the time of booking. If paying by cheque or postal order, please provide one cheque or postal order per young person and write their name on the back.

I enclose a cheque/postal order made payable to YHA for: £

I wish to pay by Visa / MasterCard / Switch. Please deduct: £

Cardholder Name:

Address:

Postcode:

Card number:

CVN No: last 3 digits on signature strip

Start date (if applicable):

M

M

Y

Y

Expiry date:

M

M

Y

Y

Issue No (if applicable):

0

0

Signature:

Date:

Once your payment has been processed all payment details will be securely destroyed

Do it 4 Real Agreement

YHA is committed to ensuring that all participants have an exciting and rewarding time within a safe environment while attending their Do it 4 Real Summer Camp. This requires the active co-operation and satisfactory behaviour of everyone involved to ensure that the enjoyment of all is unimpaired. It is essential, therefore, that YHA is given all relevant information with regard to a young person's background. By signing this agreement we are asking you to confirm that all information provided by you is accurate and that you agree to all of the points below:

Parent or Guardian:

- I have read, understood and fully agree to the Terms and Conditions outlined on the Do it 4 Real website www.doit4real.co.uk.
 - I give permission for this young person to participate in all activities and understand that certain activities may take place off site.
 - If this is the case, I give my consent for YHA to make the necessary travel arrangements.
 - I have given full and detailed information relating to any medical and dietary needs of the young person.
 - I have given full and detailed information relating to any emotional and behavioural issues with particular reference to paragraphs 11, 12 and 13 of the Do it 4 Real Terms and Conditions.
 - I understand that all medication (including self-administered) must be clearly labelled with details of the dosage and usage and handed to a Team Leader on arrival at camp (or at the transport pickup point if using Do it 4 Real accompanied transport).
 - I give my permission for information on this form to be used by YHA or other authorised third parties for the purpose of monitoring and the evaluation of Do it 4 Real Summer Camps.
 - In the event of an emergency where neither I, as parent/guardian, nor my alternative contact can be reached, I agree to medical and dental treatment being given to the young person in accordance with the recommendations of a qualified medical practitioner. This may also include the administration of a general anaesthetic or surgical operation. I understand that emergency dental treatment may incur a charge for which I will be liable.
- YHA approved photographers/videographers may be at camp or at activity sessions. Tick this box if you **do not agree** to us reproducing or publishing any photograph, video or likeness of the young person in the promotion of YHA products.
- YHA would like to keep you up to date with news, special offers and products that we think will be of interest to you. If you **do not** wish to receive such information please tick this box. Please note that this will not prevent us from contacting you in relation to this Do it 4 Real application.
- I confirm by ticking this box that I have full or joint parental responsibility for the young person. **Important Note: Third Party organisations who have full or joint parental responsibility must also complete the Third Party contact details section of this application form.**

Signed:	Date:
PRINT NAME:	Relationship to child:

PLEASE PRINT OFF THE BOOKING FORM AND RETURN WITH ALL INFORMATION FILLED IN TO:

DO IT 4 REAL
YHA NATIONAL OFFICE
TREVELYAN HOUSE
DIMPLE ROAD
MATLOCK
DERBYSHIRE
DE4 3YH

ANY FORMS THAT ARE MISSING INFORMATION WILL BE SENT BACK FOR COMPLETION.