

BOOKING FORM

Please use BLOCK CAPITALS
*Please indicate as appropriate

VENTURES
Life-changing holidays for 8-18s



Personal details

Surname _____ First name _____ Known as, if different _____

Date of Birth / / Age on 31 August 2012: years months Male / Female*

Address _____

Postcode _____

Telephone _____ Your Mobile _____ Your email _____

Tick here if you don't want your contact details to appear on an address list, to be distributed amongst leaders and members of the Venture attended.

Your choice of Venture

Some Ventures fill quickly so please give THREE choices

Ref No.	Venture name
1st	_____
2nd	_____
3rd	_____

Name any friends who want to go on the same Venture as you. Please indicate with whom you'd like to share a room. We'll try to meet your request but this is not always possible, especially if your friend/relation is not a similar age.

Member's signature

I would like to book on the Venture as indicated. If my booking is accepted I agree that there will be a contract between CPAS and my parent or guardian (or me if I am over 18) according to the full terms of contract. These terms are available from the website at www.ventures.org.uk or on request from the Ventures office. I understand that there will be Christian teaching on the Venture. I will co-operate with the leaders at all times.

Member's signature _____ Date _____

Next of kin contact details

Title _____ First name _____ Surname _____

Address _____

Postcode _____

Telephone _____ Your mobile _____ Your email _____

Payment

Contact details for the person responsible for payment Tick here if the details are identical to those in section 4

Title _____ First name _____ Surname _____ Address _____

Postcode _____

Telephone _____ Email _____ (a receipt will be sent when paying by debit or credit card)

Payment method Please tick **ONLY ONE** of the following options:

Cheque Please enclose a deposit cheque for £25 payable to: CPAS Ventures. The balance is due (to be paid by cheque or debit card) 8 weeks before the Venture starts. If you are booking places for people to go on different Ventures please write **separate cheques**.

Credit card Please complete your card details below. **We will debit your card with the full fees**, not just a deposit, when we process your booking. This is to cover our administration costs and keep Venture prices down.

Standing Order Please enclose a deposit cheque for £25 payable to: CPAS Ventures. We will send you a standing order form to complete for the balance of fees.

Credit card payments Please complete this section if you are paying for your Venture by credit/debit card

Please charge my card with full fees for the Venture. I understand that full fees will be charged when my booking is processed.

VISA Mastercard

Card No.

Valid from date /
(if applicable)

Expiry date /

We can only accept payments from cards registered to the address of the contact given above.

Name on card (capitals) _____ Signature _____

We will use the information you provide on this form only for administering your attendance on a Venture. We do not share data with any third party or subsidiary. A full copy of our policy is available on request. We will send you information about Ventures in the years following your attendance on a Venture, unless you inform us in writing at our Head Office address. We may also contact your youth/children's leader to give them more information about Ventures, if you have given their details in Section 8. Church Pastoral Aid Society Registered charity no 1008720 (England and Wales) SC039082 (Scotland). A company limited by guarantee Registered in England no 2673220. Registered office: CPAS, Athena Drive, Tachbrook Park, WARWICK CV34 6NG. N.B. Bookings Contacts are volunteers and may not be available during office hours. Further copies of this booking form are available from the Ventures website at www.ventures.org.uk or from the Bookings Contact.

Send this form to the Booking Contact of the Venture, NOT to the Ventures office. Details can be found in the brochure or website.



Health and other information Please continue on a separate sheet if necessary.

Can he/she swim at least 10 metres unaided? _____ YES NO

I give consent for him/her to participate in swimming in a swimming pool on the Venture _____ YES NO

Can he/she swim at least 50 metres unaided?
(necessary for certain specialist Ventures taking place on water) _____ YES NO

Is your child a vegetarian? _____ YES NO

Does he/she have any other special dietary requirements (including food allergies/intolerances)?
(Please give further details if the answer is YES) _____ YES NO

Please indicate your consent for a responsible leader to dispense plasters and common over-the-counter medicines **(such as paracetamol, Waspeze, antihistamine medication (e.g. Piriton tablets) hydrocortisone cream)** to him/her with due diligence and when appropriate _____ YES NO

Please give further details on a separate sheet if the answer to any of the questions 1 to 8 is YES

1. Is there any reason why he/she should not swim or take part in other sports? _____ YES NO

2. Does he/she currently have, or have a history of,
Kidney disease _____ YES NO

Heart/blood disorders _____ YES NO

Epilepsy/faints/neurological disorders _____ YES NO

Diabetes _____ YES NO

Asthma/hayfever/lung disease _____ YES NO

Special needs **(physical/learning/emotional)** _____ YES NO

3. Does he/she have any other health problems?
(e.g. bedwetting, hyperactivity/attention deficit disorder) _____ YES NO

4. Does he/she have any allergies? **(e.g. plasters, food, medications, bites and stings)** _____ YES NO

5. Does he/she take any regular medication? **(e.g. prescribed, over the counter, skin preparations, homeopathic)** _____ YES NO

6. Does he/she use inhalers for asthma? _____ YES on a regular basis YES only when needed NO

7. Is there any reason why he/she should not receive any normal treatments?
(i.e. objection to conventional medicine) _____ YES NO

8. Has he/she suffered any injuries in the last 2 years? _____ YES NO

Please give details of any other information that would be helpful for the Venture leader to know (e.g. recent bereavement).
You **must** include all information which could be relevant to our care of the member while on the Venture.

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Declaration **Your Parent / Guardian (or YOU if you are over 18)** *Please indicate as appropriate

I give consent for my child/ward* to take part in the Venture. I enclose a £25 deposit or credit card details. If the booking is accepted, I agree that there will be a contract between CPAS and me according to the full terms of contract. These terms are available from the website at www.ventures.org.uk or on request from the Ventures office. In the event of the Venture leader being unable to contact me first, I give my consent for my child/ward* to undergo dental/medical treatment should the need arise, and I authorise the Overall Leader (or his/her nominee) to sign on my behalf. I confirm that all information on this form is correct.

Parent/Guardian's signature _____ Name _____ Date _____

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Church and group Leave this section blank if it's not applicable.

Full name of church _____ Town _____ County _____

Leader's name _____ Title _____

Address _____

Postcode _____

Telephone _____ email _____