



# SKI BOOKING FORM 2014

Please use BLOCK CAPITALS  
\* Please indicate as appropriate



## Personal details

Surname \_\_\_\_\_ First name (as on passport) \_\_\_\_\_ Known as (if different) \_\_\_\_\_  
 Date of Birth   /   /     Age on 11 April 2014:   years   months  Male /  Female\* School year:    
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Nationality as shown on passport \_\_\_\_\_  
 Telephone \_\_\_\_\_ Your Mobile \_\_\_\_\_ Your e-mail \_\_\_\_\_

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.



## Ski/board information and experience

I would like to  ski  board (please choose ONE)

**Experience:** Number of hours on Dry Slope / Snow Dome \_\_\_\_\_ Number of days on real snow \_\_\_\_\_

**Confidence level:** Confident on Black / Red / Blue\* runs \*delete as appropriate

**Information:** Height:    cms Weight:   kgs Shoe size:

Are you planning to bring your own equipment?  Yes  No \* If yes please give details here \_\_\_\_\_

Please attach  
a recent  
passport  
size photo  
here



## 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](http://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 e-mail \_\_\_\_\_



## 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 \_\_\_\_\_ e-mail \_\_\_\_\_

### Payment method Please tick ONE of the following options:

- Cheque** Please enclose a deposit cheque for £60 payable to: CPAS Ventures. The balance is due (to be paid by cheque or debit card) by 1 February 2014.
- Debit card** Please complete your card details in section 6 below. We will debit your card with £60. The balance is due (to be paid by cheque or debit card) by 1 February 2014.
- Standing Order** Please enclose a deposit cheque for £60 payable to: CPAS Ventures, or provide your debit card details below 9 for the deposit amount only), and if you tick this box we will send you a standing order form to complete for the balance of fees.

### Please complete this section if you are paying for the Venture by debit card

VISA  Mastercard  Delta Issue No   (if applicable)

Card No.                 Valid from date   /   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). A company Limited by Guarantee Registered in England no 2673220. Registered office: Sovereign Court 1, Sir William Lyons Road, University of Warwick Science Park, Coventry CV4 7EZ. N.B. Bookings Contacts are volunteers and may not be available during office hours. Further copies of this booking form are available from the Bookings Contact.

Send this form to the bookings contact: Matt Hustwayte, 28 Stanley Drive, Bramcote, Nottingham NG9 3JY



## Health & other information Please continue on a separate sheet if necessary

- Is your child a Vegetarian? \_\_\_\_\_  YES  NO
- Does your child 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**  YES  NO
- Is there any reason why he/she should not take part in other sports? \_\_\_\_\_  YES  NO
  - 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
  - Does he/she have any other health problems?  
(e.g. bedwetting, hyperactivity/attention deficit disorder) \_\_\_\_\_  YES  NO
  - Does he/she have any allergies? (e.g. plasters, food, medications, bites and stings) \_\_\_\_\_  YES  NO
  - Does he/she take any regular medication? (e.g. prescribed, over the counter, skin preparations, homeopathic) \_\_\_\_\_  YES  NO
  - Does he/she use inhalers for asthma? \_\_\_\_\_  YES on a regular basis  YES only when needed  YES  NO
  - Is there any reason why he/she should not receive any normal treatments?  
(i.e. objection to conventional medicine) \_\_\_\_\_  YES  NO
  - Has he/she suffered any injuries in the last 2 years? \_\_\_\_\_  YES  NO
  - Does he/she smoke? \_\_\_\_\_  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.



## Names of Friends on the Venture

If possible my son/daughter would like to share a room with \_\_\_\_\_



## Declaration Your Parent / Guardian (or YOU if you are over 18)

I give consent for my child/ward\* to take part in the Venture. I enclose a £60 deposit or debit 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](http://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.

Each day there are two ski sessions. One in a lesson with a ski instructor and one with a leader who is there to supervise the group staying on runs that are within their capability. Skiing is a dangerous sport and each member needs to take responsibility to ski sensibly within their own ability.

Parent/Guardian's signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_



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

Full name of church \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_  
 Leader's name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone \_\_\_\_\_ email \_\_\_\_\_  
 How did you hear about Ski Venture? \_\_\_\_\_

Send this form to the bookings contact: Matt Hustwayte, 28 Stanley Drive, Bramcote, Nottingham NG9 3JY