



SKI BOOKING FORM 2020

Please use BLOCK CAPITALS
* Please indicate as appropriate



1. Personal details

Surname _____ First name (as on passport) _____ Known as (if different) _____
Date of Birth [][][][][][] Age (on 10 April 2020) [][] years [][] months School Year (on 10 April 2020) [][] Male / Female*
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 attended.

2. 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

Information: Height: [][][] cms Weight: [][] kgs Shoe size: [][]

Are you planning to bring your own Skis/Board/Boots? Yes / No* If yes please give details here _____

I would like to hire a helmet at an additional cost of £25 Yes / No* (N.B. The wearing of helmets by Members is compulsory)

Please include or email a recent photo

3. 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 in the Ventures brochure, 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.

Signature _____ Date _____

4. Next of kin contact details

Title _____ First name _____ Surname _____
Address _____
Postcode _____
Telephone _____ Your mobile _____ Your e-mail _____

5. 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:

- Debit or Credit Card (full amount) Please provide your card details below.
- Debit card or Credit Card (£60 deposit only) The balance is due on 1 February 2020.
- Cheque Please enclose a deposit cheque for £60 (or the full fee amount) payable to: CPAS Ventures. The balance is due on 1 February 2020.
- Standing Order If you tick this box we will send you a standing order form to complete for the balance of fees. Please enclose a deposit cheque for £60 payable to: CPAS Ventures, or provide your debit card details below (of at least £60).

Please complete this section if you have chosen to pay by debit or credit card:

VISA Debit VISA Credit Mastercard Debit Mastercard Credit

Card No. [] Expiry date [][] / [][]

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

Name on card (capitals) _____ Signature _____

Send this form to the bookings contact: Matt Hustwayte, 18 Crookdole Lane, Calverton, Nottingham NG14 6GF



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

Is he/she a Vegetarian? YES NO

Does your child have any other special dietary requirements (including food allergies/intolerances)? YES NO

(Please give further details if the answer is YES) _____

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 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

Anxiety when away from home YES NO

3. Please mention any info related to your child's emotional or learning needs, mental health and/or behaviour that would help us provide the best care (e.g. currently under social services or receiving support in school or through another agency, recent trauma/upset, self-harm, bedwetting, hyperactivity, attention deficit disorder etc. and also any helpful coping mechanism).

4. Does he/she have any other physical conditions? YES NO

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

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

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

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

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

9. Does he/she smoke? YES NO

7. Names of Friends on the Venture

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

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

I give consent for this child to take part in the Venture. I enclose a deposit of £60 or credit/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 or on request from the Ventures office. In the event of the Venture leader being unable to contact me, I give my consent for the child 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 _____

9. 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? _____

We'll use the information you provide for the purposes of managing your attendance on this holiday and we'll keep a copy for our records. We'd also like to send you occasional information about future holidays and other CPAS products and events we think you might be interested in. If you'd prefer not to receive this, please tick here.

You can find out more about how we look after your data in our Privacy Policy on our website www.ventures.org.uk. 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 One (Unit 3), Sir William Lyons Road, 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 Ski Venture website at www.skiventure.uk or from the Bookings Contact.

Send this form to the bookings contact: Matt Hustwayte, 18 Crookdole Lane, Calverton, Nottingham NG14 6GF