

Kids Kapers The New Hill Centre Upton Upon Severn  
Booking & Consent October 2022

To be filled in by Parent

I parent/guardian give permission for

.....to attend the scheme run by Kids Kapers.

Childs date of birth:                 /                 /

I parent/Guardian in the event of any accident or illness suffered by my child authorise the organisers of activities to obtain on my behalf such medical assistance as my child/children may require, and I agree to reimburse the organisers of any expense incurred by them in doing so.

I understand that my child is not permitted to leave their designated group during the session. Please ensure your child is aware of this rule.

The organisers of the scheme will take every effort to ensure that the highest standards of supervision are offered to children enrolled in the programme. However the organisers:

- 1) Will not be liable for any loss damage or injury to children enrolled in the programme unless such loss damage or injury was caused or contributed to by a negligent act or omission of the organisers.
- 2) Will not be liable for any loss, damage or injury to the property of the children enrolled on the programme.
- 3) Will not be liable for any loss damage injury to persons caused or contributed to by children enrolled on the programme unless such loss damage or injury was contributed to by negligent act or omission of the organisers.
- 4) Will not be liable for any loss damage or injury to property caused or contributed to by children enrolled on the programme.

(Parent/Guardian)

Signed.....

Date.....

Parents Name.....

Email:.....

Address.....

.....

Post Code.....

Tel: .....

Please circle yes or no to the following questions.

Consent to child being photographed? YES / NO

Consent to Child appearing on our Facebook page YES / NO

**Please indicate below if your child has any allergies or any other medical information or concerns that we need to be aware of.**

**Please Circle below days being attended**

**Monday 24th - Friday 28th October**

Mon.    Tue.    Weds.    Thurs.    Fri

Circle below days breakfast club is required

Mon.    Tue.    Weds.    Thurs.    Fri

Amount Paid.....

**Bank transfer details: Kids Kapers  
HSBC bank, Sort code: 40-31-09. Account no:  
51814982**

***PAYMENT IN ADVANCE BY CASH OR BANK TRANSFER .  
NO REFUNDS FOR CANCELLATION / ABSENCE RETURN  
FORM TO: KIDS KAPERS, THE NEW HILL CENTRE,  
MILESTONE ROAD, UPTON UPON SEVERN  
WORCESTERSHIRE, WR8 0EN***