



SKI BOOKING FORM 2019

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 12 April 2019) [][] years [][] months School Year (on 12 April 2019) [][] 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.

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 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 _____

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 Card (£60 deposit only) The balance is due on 1 February 2019.

Credit Card (£60 deposit only) The balance is due on 1 February 2019.

Cheque Please enclose a deposit cheque for £60 payable to: CPAS Ventures. The balance is due on 1 February 2019.

Standing Order Please enclose a deposit cheque for £60 payable to: CPAS Ventures, or provide your debit card details below (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 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 your child 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, YES NO
 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
 Additional support at home and/or when in education for specific needs (eg access/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? (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

Please give details of any other information, not covered above, 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 Venture.** We ask these questions so that we can consider what support may be needed during the Venture.

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 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 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 _____

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 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 9. 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