

SUMMER PROGRAMME BOOKING FORM

Killowen Outdoor Education Centre
Killowen Road
Rostrevor
BT34 3AF

Tel: 028 4173 8297
Fax: 028 4173 8167
e-mail: killowen@selb.org

One form per person per course
Please use **BLOCK CAPITALS**

FIRST CHOICE (1)

Course Date: _____

Course Name: _____

SECOND CHOICE (2) (if any)

Course Date: _____

Course Name: _____

PERSONAL DETAILS

Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Age by course date: _____

Telephone No: (Day) _____

Telephone No: (Evening) _____

NB If the applicant lives or attends School outside the Southern/Western Education & Library Board Area, the Non-Board rate will apply.

BOOKING CONDITIONS

- Bookings will only be accepted on receiving this form with full payment.
(NB: We cannot reserve places by telephone)
- One cheque per person per course. Please write applicant's name and course details on the back of your cheque.
- Please complete the Parental Consent Form on reverse side.
- Please note the age range for each course. The minimum age limit requires students to be 11 by the first day of the course.
- Cheque to be made payable to:
Southern Education & Library Board (SELB)

CANCELLATION

All monies shall be forfeited if 2 weeks or less notice of cancellation is given.

MEALS

Please give details if any special diet is required.
eg Vegetarian, nut allergy etc.

MEDICAL

Do you have any medical condition which might hinder your participation in this course, or your immersion in cold water.

YES

NO

(PLEASE CIRCLE)

If Yes, please state condition and treatment being undertaken including medication required.

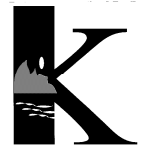
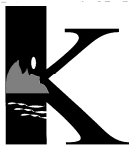
KILLOWEN OFFICE USE ONLY:

Fee: _____ Receipt No: _____

Date: _____

1015 _____ 1073 _____

1078 _____ 1151 _____



PARENTAL CONSENT FORM

To be completed by Parent/Guardian of under 18s
Students' Telephone number 028 4173 8478

1. COURSE DATES: _____
School/Club/Organisation: **SUMMER SCHEME**

2. THE CHILD: Name: _____ Date of Birth: _____
Address: _____
Tel Numbers (H) _____ (W) _____ (M) _____

3. PHOTOGRAPHY: The Centre sometimes takes digital photos for promotional purposes.
Please tick the box if you do not wish to have your Son/Daughter's photograph taken.

4. SWIMMING: **Please read each section before ticking.**
My son/daughter can swim 25 METRES. Only children whose parents have indicated YES, will be permitted to take part in SAILING and CANOEING.
The student's ability to swim this distance is seen as an indication of their water confidence and ability to cope with a capsize or unexpected dip, while taking part in water activities. BUOYANCY AIDS are always worn on these activities when there is a possibility of students being out of their depth.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

5. ACTIVITIES:
I agree to my son/daughter: _____ (Name of child)
taking part in any of the following activities.
HILL WALKING, CANOEING, SAILING, ROCK CLIMBING, BOULDERING, ABSEILING,
ORIENTEERING, FIELD STUDIES and any other activities as arranged by Centre staff.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

6. MEDICAL: Does your son/daughter suffer from any medical condition, serious allergy,
recent illness or injury?

If YES, please give details of treatment and medication currently being taken.
It may be necessary to consult your Doctor.
If you have indicated YES please give Doctor's name and telephone number

Doctor's Name: _____
Doctor's telephone number: _____

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

7. CHILD PROTECTION POLICY: The Centre has a current Child Protection Policy. Should you require to see a copy, please contact the Centre Office or visit our website www.selb.org/killowen

8. CONSENT:
We will expect reasonable conduct and co-operation from your child to ensure their safety during this course. I have read and completed all the sections of this Consent form, and I agree to my child attending the above course, taking part in activities and I consent to any emergency treatment necessary.

Signed: _____ Date: _____
Parent/Guardian