

Booking Conditions Cùmhnantan Gleidhidh

1. All activities must be booked in advance unless otherwise indicated.
2. In order for your application to be processed swiftly the form must be completed in full and signed.
3. To avoid disappointment, please check availability of activities before completing the booking form.
4. If the form is completed on behalf of a child the legal guardian must sign the application form.
5. Applications are accepted on a first come first served basis.
6. The appropriate fee must accompany the booking form. Please make cheques payable to "High Life Highland". Please do not send cash through the post.
7. No refunds will be given, except where an event is cancelled by High Life Highland. High Life Highland reserves the right to cancel any event.
8. For some activities we request that children under 8 attend with a responsible adult. If this is the case it will be stated in the programme.
9. Where suitable clothing has been specified for an activity, it is for safety reasons and must be adhered to.
10. All events organised by High Life Highland are covered by its public liability insurance for any claim of negligence attributable to High Life Highland. Participants may wish to take out personal accident cover in addition to this.
11. High Life Highland reserves the right to exclude people from any of its activities if they display any dangerous or inappropriate behaviour.

DATA PROTECTION DÌON DATA

The information you have supplied will be used for the purpose(s) for which you have provided it. High Life Highland will also use it to plan improvements and to meet our obligations in delivering services on behalf of The Highland Council. This data will be maintained in accordance with the Data Protection Act 1998 and will not be passed on or sold to any other organisation without your prior approval, unless there is a legal requirement to do so.

High Life Highland would like to send you information about our own products and services and the benefits of being a High Life member by post, telephone, email and SMS. If you agree to being contacted in this way, please tick the relevant boxes.

Post Phone Email SMS

Declaration: I agree to the use of my personal data as detailed above.

Signature Date.....

Booking Form Foirm Clàraidh



Booking Gleidheadh

Please complete in BLOCK CAPITALS

Your Name.....

Your Address.....

Postcode

Contact phone number.....

Mobile

Email address

ACTIVITY DETAILS – please tell us which activities you would like to book. If you need more space, continue on a separate sheet, or photocopy this form.

Participant Name	Activity Name	Age Group	Activity Date	Cost
Total Cost				

PAYMENT – You can pay by cash or cheque at any High Life Highland Leisure Centre.

I enclose the fee of £..... Please make cheques payable to “High Life Highland”.

Please do not send cash in the post!

Participant(s) Details Fiosrachadh an Neach a Bhios a’ Gabhail Pàirt

Participant 1:

Name Age Male Female Date of Birth

Participant 2:

Name Age Male Female Date of Birth

Participant 3:

Name Age Male Female Date of Birth

Participant 4:

Name Age Male Female Date of Birth

Emergency Contact Name.....Telephone

Parent/Guardian NameTelephone

CONSENT/MEDICAL CONDITIONS/ADDITIONAL NEEDS

PHOTOGRAPHS

Please be aware that we sometimes take photographs for promotional purposes.

YOUR CONSENT

I have read the booking conditions (over the page) and agree to abide by them. If signing this form on behalf of a child, I consent to their participation in these activities (some activities may require additional consent).

MEDICAL CONDITIONS

Does the participant(s) have any medical conditions, or additional needs which we should be aware of?

Yes* No (Please tick) *If Yes, please give details.....

If you or your child has a Special Need/Disability, please get in touch with us before making your booking. We can give you detailed information about the activities, for you to assess their suitability.

DISABILITY

The Disability Discrimination Act describes a person as having a disability if he/she has a physical or mental impairment, which has a substantial long term (which lasts 12 months or more or is recurring) and has an adverse effect on their ability to carry out normal day to day activities.

Do you consider the participant to have a disability?

Yes* No (Please tick) *If Yes, please give details.....

SignaturePrint Name.....

Where did you hear about our activities?

PLEASE RETURN COMPLETED FORMS TO: YOUR LOCAL BOOKING VENUE