**[SPORT]** Development Tour to **[CLUB/DESTINATION]**

Dear Parent/Carers

Thank you for your interest in the above trip and for attending the launch evening.

If your son / daughter wishes to take part in this exciting opportunity, I would be grateful if you could please pay a non-refundable deposit of **[£XXX]** by cheque by **[date].** After the deposit has been taken, parents/guardians will be required to make further instalments for the trip as per the following payment schedule:

* **[£XXX]** Due by **[DATE]**
* **[£XXX]** Final Balance due by **[DATE]** (Four weeks prior to departure)

Please note that should you decide to remove your son or daughter from the trip after the above dates then cancellations charges will apply.

As the departure date will approach rapidly, I do ask that the deadlines which will be given for payment and paperwork are accurately met, so that all the trip logistics can be completed on time.

I would be grateful if you could complete the below and attached Individual Booking Form enclosing your initial deposit contribution and return to **[SCHOOL RECEPTION]** at your earliest convenience. In the meantime, should you have any further questions that were not answered during the launch evening, please do not hesitate to contact me.

Yours Faithfully,

**[NAME]**

PE Department

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Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I enclose a cheque for £XXX, a non-refundable deposit for the above student to attend the **[SPORT]** Development Tour to **[CLUB/DESTINATION]** departing **[DATE]**.

Signed (Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you be unable to provide a photocopy of the passport

please list passport details below. Please ensure that details

below correspond exactly to those on the passport.

Passport Number

Mr/Miss/Mrs

Gender (M/F)

Surname

Forename

Middle Name(s)

Nationality

Country of Issue

Date of Birth (e.g. 23 Jan 89)

Date of Issue

Date of Expiry

If you are in the process of applying for a passport, please

complete as much of the above as possible.

**VISAS - It is your responsibility to obtain any necessary visas.**

**Dietry Requirements**

Please list any specific dietry requirements (e.g. vegitarian)

and any food allergies.

**Medical Information**

Please list any medical conditions. If relevant, please indicate

type of medication / amount required and frequency.

Do you give permission for staff to give your son/daughter

Aspirin

Paracetamol

Ibuprofen

Has your son/daughter/ward had a tetanus injection in the last

5

years? Yes

No

**Insurance**

It is a booking condition that travel insurance must be purchased to

travel with inspiresport. The group organiser will advise if the recom-

mended inspiresport insurance has been confirmed.

You confirm that you have read and understand the section 3

Eligibility Statement in The Insurance Terms and Conditions as

printed on the reverse of this form.

**EHIC Card**

You confirm that the tour participant will be in possession of an EHIC

card. This card allows medical treatment in any EU country. This can

be obtained online.

**Parental Release Form**

In the event of accident or illness during the event, which needs

immediate treatment, I agree to my son / daughter receiving first aid

and medical treatment from qualified medical practitioners including

anaesthetic, blood transfusions etc. as may be considered necessary

by a licensed member of the medical profession.

I understand the extent and limitations of the insurance cover provi-

ded. I undertake to inform the relevant persons organising this event

immediately if there any changes in medical circumstances between

the date specified below and the start of the event.

I consent to my son or daughter’s photograph being taken by

inspiresport staff during their trip, and for photographs of my son or

daughter to be used for purposes of marketing future sports

development tours across media channels including print, social

media and other electronic communications. I acknowledge and

accept that the relevant persons organising this event or respective

events shall not have any liability in respect of any loss or damage to

property whilst attending this event.

**Parent/Guardian Details**

Names

Telephone Number (Home/Work/Mobile)

Additional emergency contact names and telephone numbers

Name of School / College / Group

Signed

Date

Individual Booking Details

inspiresport.com | 02920 390 747

Individual Booking Details



Individual Booking Details

**To confirm your place on the tour, Parents / Guardians MUST complete this form and return it with**

**your 1st deposit payment to the group organiser.**

**I attached a photocopy of the participant’s passport**



**IMPORTANT:**

**THIS DOC IS FOR INTERNAL USE ONLY**

**AND NOT TO BE RETURNED TO**

***inspiresport***