

BOOKING FORM 2014-15

Name of Student.....Date of Birth.....Contact Number.....

Address.....Email.....

**Please Tick box(es) for the course you require - Including Payment
All cheques should be made payable to 'Ardwhallan Jubilee Trust'.**

Some courses are age restricted, please review the course details on our website to check if the course is suitable for you.

Paddlesports				
Rescue & Rolling Clinic	19 Nov to 17 Dec 2014	5 Wks	£40.00	
	7 Jan to 4 Feb 2015	5 Wks	£40.00	
Paddlesports Course	18 March to 27 May	9 Wks	£50.00	
Kayaking on the Sea	17 June to 15 July	5 Wks	£50.00	
Sea Kayak Mini Expedition	10 – 11 June	Residential	£50.00	
River Paddling Weekend	24 – 28 October 2014	Lake District	COURSE FULL	
	27 – 31 March 2015	Lake District	£175.00	
Scotland Sea Kayak Expedition	20 - 31 July	Scotland	£450	
BCU Skills & Coaching Qualifications				
BCU Foundation Safety & Rescue Training	Contact bookings for information	1 Day	£25	
BCU 2* Paddlesports Assessment	Contact bookings for information	1 Day	£25	
BCU 3* Sea Kayak Training & Assess.	Contact bookings for information	2 Day Non- Residential	£50	
Sailing				
Winter Sailing	1 November 2014 to 28 February 2015	9 wks	£50.00	
Summer Sailing	14 April to 23 June 2015	9 wks	£50.00	
Climbing Courses				
Climbing Course On-Island	3 – 4 Sept 2015	Non-Residential	£40.00	
Peak District Climbing Weekend	TBC	Residential	£150.00	
Duke of Edinburgh's Award				
Bronze				
Training/Practice	2 – 4 May 2015	Residential	£50(for both dates)	
Qualifier	23 – 24 May 2015			
Planning/Expedition (training must be completed previously)	1 – 3 July 2015		£20	
	10 – 12 August 2015		£20	
	17 – 19 August 2015		£20	
Silver				
Planning/Expedition (training must be completed previously)	7 – 10 July 2015	1 day planning & 2 day residential	£30	
	14 – 17 July 2015		£30	
	28 – 31 July 2015		£30	
Gold				
Training / Practice	6 - 9 July (Planning evenings 19, 26 May & 16 June)	Residential	£250 (for both dates)	
Qualifier	3 – 8 August	Lake District		
Residential Week	27 - 31 July	Residential	£100	
Supervisors				
Supervisor Training	14 – 15 March 2015	Residential	£40	
First Aid				
Outdoor First Aid	11 – 12 October 2014	Non- Residential	£70	
	24 – 25 January 2015	Non- Residential	£70	
	28 Feb – 1 March 2015	Non- Residential	£70	
Amount enclosed			£	

(Off-Island trips have been subsidised by the Ardwhallan Jubilee Trust & Department of Education)

Returned with attached medical form to Course Bookings, Ardwhallan Outdoor Ed Centre, West Baldwin, IM4 5EU

Terms and Conditions

Cancellation 14 days prior to course 75% Refund, up to 7 days before course 50% refund, after this the course will be charged at the full course fee.

If you have to cancel due to illness then every effort will be made to offer you a space on similar or a different course with no extra charge.

Cancellation of off Island trip will be charged at 50% 14 days before the trip and full rate there after.

Ardwhallan Outdoor Education Centre, West Baldwin Douglas Isle of Man IM4 5EU.

Charity Number 364

Telephone: 01624 853711 Web: www.ardwhallanoutdoored.com



Department Of Education and Children Parent / Carer Consent For An Educational Visit

Full name of student as on passport: _____ **Date of birth:** _____
(PLEASE PRINT)

Establishment/Group: _____

Details of Visit to: _____

From: Date: _____ Time: _____ To: Date: _____ Time: _____
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I have read the information sheet. I agree to my son/daughter's participation in the activities described.
I acknowledge the need for my son/daughter to behave responsibly throughout the visit.

1. Medical information about your child

a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b) Please outline any food allergies and/or special dietary requirements of your child:

c) Any other allergies?

d) Any recent illness or accident staff should be aware of?

e) The type of pain/flu relief medication your child may be given if necessary:

f) Any pre-existing medical conditions? YES/NO
If YES, please give brief details. (If not disclosed, they will invalidate any insurance claim).

For residential visits and exchanges only

(It is advisable to have this form completed shortly before the visit, otherwise question f) will not be of use).

f) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If YES, please give brief details:

g) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

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h) Date of your son/daughter's last tetanus injection?
Month Year

This date must be completed in order to ensure your child's place on this trip.
Please contact your doctor's surgery to request the date of your child's last tetanus injection. If it is over ten years you will need to arrange a booster injection at your doctor's surgery and inform us of the date of the booster injection.

i) For watersports / swimming trips only - what is the swimming ability of your son/daughter?

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

2. Contact telephone numbers:

a) First emergency contact

Name: _____ Relationship to student: _____

Work: _____ Home: _____ Mobile: _____

Home address: _____

b) Alternative emergency contact

Name: _____ Relationship to student: _____

Work: _____ Home: _____ Mobile: _____

3. Family doctor:

Name: _____ Telephone No: _____

Address: _____

4. Signed: _____ Full Name (PLEASE PRINT): _____

Relationship to student / member: _____ Date: _____

This form or a copy must be taken by the group leader on the visit. A copy should be retained by the establishment contact