



activity booking form

Aspire Leisure Services

Pupil Details

Staff use only

Forename	Surname	Sex	D.O.B.	Age	Start Date	Code	Day	Time
1			DD/MM/YY		DD/MM/YY			
2			DD/MM/YY		DD/MM/YY			
3			DD/MM/YY		DD/MM/YY			

Contact Details

Parent/guardian name _____

Relationship _____ Mobile No. _____

Address _____

Home tel _____ Email _____

Medical Information

Pupil 1 _____

Pupil 2 _____

Pupil 3 _____

Doctor _____ Tel _____

Payment Details

Cash Cheque Card Childcare Vouchers Membership No. _____

Amount £ _____ Card No.

Date Paid MM/YY Valid From MM/YY Expiry Date MM/YY Issue No. (Switch only) _____ Security Code _____

Signature _____ Date DD/MM/YY _____

Payment may be made by cheque; payable to Aspire Ltd. There will be a 2.6% charge on credit cards. Please read the Terms and Conditions below before signing.

Please tick where applicable:

- Physical impairment Hearing impairment Visual impairment
- Multiple impairment Learning disability Other impairment
- From time to time Aspire will take photographs of activities at the centre to be used on our website and in promotional literature, please tick here if you are unhappy for your child to be photographed.

Terms and Conditions

Aspire reserves the right to change a course at it's discretion and has the right to replace advertised instructors or amend the programme where unavoidable.

All course fees should be paid in full before each term commences. Course fees are non-refundable under any circumstances once the booking has been made.

No refund will be given for unforeseen circumstances beyond Aspire's control i.e. weather, structural damage.

No credit will be given for missed lessons.

The re-booking process will guarantee a customer a place within the new term. It will not however guarantee a specific time slot or day.

Siblings will be given priority over the waiting list.

Parents are responsible for supervision of children in the changing area.

Aspire request that all communication is directed to the Kidz Zone manager.

I have read and understood the terms and conditions of booking.

Signed _____ Date / / _____

Staff use only

- Register
- Master
- Swimsoft

CSA Signature _____

Receipt No. _____

