



LA ACTIVITY CAMPS

Part of the Little Angels Group

LA ACTIVITY & SPORT CAMPS
12 MAXSTOKE LANE, MERIDEN CV7 7ND
EMAIL: laactivitycamps@littleangelsgroup.co.uk TEL: 07812127772

REGISTRATION FORM

Please fill in one form per child.

Location of Camp

Dates of Camp

Dates	Times Required	Type Of Camp

Child's Information

Name of Child Date of Birth

Address.....

..... Post Code

School Attending

Medical Details – we require full medical details with this form. Please fill in the medical form and return with this application.

Contact Information

Parent / Carer Contact 1	Parent / Carer Contact 2
Mobile number	Mobile number
Home number	Home number
Work number	Work number
Email address	Email address

For our market research: how did you hear about Little Angels Sports Camp

I acknowledge and accept that Little Angels Sports Camps and the organisers providing the facility are not under any liability whatsoever in respect of personal loss or damage caused whilst my child is in attendance of the camp. By returning this form I give permission for my son/daughter to take part in the camp.

Please make a BAC's payment to: R PLATT

ACC NUMBER: 63054570

SORT CODE: 23-18-84

Signature..... Print..... Date.....