



Party Booking Form

GROUP NAME / PARTY:		
DATE REQUIRED:	1 st Choice:	
	2 nd Choice:	
PARTY PACKAGE REQUIRED:		
NUMBER OF CHILDREN:		
AGES OF CHILDREN:		
NAME OF ADULTS WITH OVERALL RESPONSIBILITY OF THE CHILDREN:		
NUMBER OF ADULTS:		
ADDRESS:	TELEPHONE NUMBERS:	
	HOME:	
	MOBILE:	
	WORK:	
EMAIL:		
EMERGENCY CONTACT DETAILS: (phone, address & mobile)		
CHILD'S DOCTOR (name):		
ADDRESS:		
TELEPHONE NUMBER:		
ANY PARTICULAR NEEDS OF THE CHILD(REN): Diet Allergies Medication Behavioural (wandering off) Child/Young person's hobbies:		
Any additional information the leader needs to know?		

Creating wild spaces for play

Woodland Play Centre Ltd Puddies Meadow Crowcombe Taunton Somerset TA4 4AE
01984 618344 • 07775 941353 • info@woodlandplaycentre.com • www.woodlandplaycentre.com

Registered Office: Woodland Play Centre Ltd Puddies Meadow Crowcombe Taunton Somerset TA4 4AE
Company Director: Louise Kennedy Registered in England, Co No. 5365844



Consent

As parent / carer of _____

I have read, fully understood and am satisfied with the details supplied about the Woodland Party. I agree to the children taking part in the activities and have fully informed / gained permission from all the parents.

I know of no medical reason or other reasons why they should not participate. I consent to any emergency medical treatment necessary during the course of the trip. I therefore authorise the Woodland Play Centre staff to sign on my behalf, any written form of consent required by hospital authorities, should the delay required to obtain the parents signature be considered by the authority concerned likely to endanger the child's health and safety, on the understanding that every effort shall be made to contact them.

I understand and agree to the children been transported by the Woodland Play Centre staff who have adequate insurance should an emergency arise.

Data Protection: please tick the box if you **do not** wish your child to be included in any photographs that maybe used for Woodland Play Centre publicity & promotion.

All information contained on these forms will be treated as confidential. It will be used for the purpose of the Woodland Play Centre only.

If you wish to discuss any matter privately please contact the Play Co-ordinator.

Signed: _____

Print Name: _____

Date: _____

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