MERCHANT TAYLORS' OXFORDSHIRE ACADEMY TRUST

Wallingford SCHOOL 1659

Office Use Only:

Payment Received: ☐

Amount: £______________

Date: ___________________

Term: 1&2 3&4 5&6

WALLINGFORD SCHOOL COMMUNITY SPORTS & ACTIVITIES
LEISURE CENTRE BOOKING FORM

Activity/Club: __________________________________ **Term: 1&2 3&4 5&6**

☐ Athletics Club Only –Tick if you DO NOT give permission for your child to be taken off the school premises as part of the activity provided.

Child's Name: ____ **DOB:** _____________ **Tutor:** _____________

Address: ____

Town: ____________________________**Post Code:** __________________

Parent/Guardian Name: ____

Phone Number 1: ___________________________ **Phone Number 2:**______________________________

Parent Email Address (Please fill in capital letters):

Please state any medical conditions: ____

I understand that all reasonable care will be taken to ensure the safety of those in the group.

I am aware that 'Merchant Taylor Trust' insurance does not cover personal accident or injury to members of the group, or loss/damage to personal property.

☐ Please only tick this box if you DO NOT want any photographs to be taken to help promote the club

Signed Parent / Guardian ______________________________**Date:** ___________________________

CHEQUE MADE PAYABLE TO MERCHANT TAYLORS OXFORDSHIRE ACADEMY TRUST.

Please hand the payment and form to the coach, leisure centre or school main office clearly labelled with your name and club.

Email: leisure-centre@wallingfordschool.com

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This is a receipt of payment for ___________________________ **joining the** __________________ **club.**

Payment of: £____________ **was received by Wallingford School on the** _______________**.**

Leisure Centre Staff Name: ___________________________**Signature:**_________________________

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