



NIKE FOOTBALL CAMPS



FOUNDATION

BOOKING FORM 2022

If you would like to book consecutive weeks, please tick all that apply. Camps run on 1- and 2-week cycles starting every week.

CHARTERHOUSE SCHOOL

Boys aged 9-17. Girls aged 12-17. Goalkeepers aged 12-17.

CODE	DATES	TOTAL FOOTBALL	FOOTBALL + ENGLISH	GIRLS' TOTAL FOOTBALL	GIRLS' + ENGLISH
CHA 1	Mon 04 July - Sun 10 July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHA 2	Mon 11 July - Sun 17 July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHA 3	Mon 18 July - Sun 24 July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHA 4	Mon 25 July - Sun 31 July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHA 5	Mon 01 August - Sun 07 August	<input type="checkbox"/>	<input type="checkbox"/>		
CHA 6	Mon 08 August - Sun 14 August	<input type="checkbox"/>	<input type="checkbox"/>		

Please note all fields are mandatory. To the extent certain fields are incomplete we, CMT Learning Ltd, reserve the right to return the booking form to you.

In order to complete this form, you must be one of the following. By checking the box below, you confirm you are:

THE HOLDER OF PARENTAL RESPONSIBILITY TO THE STUDENT

Title:	First Name:	Last Name:
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Relationship to Student:

or

DULY AUTHORISED BY THE HOLDER OF PARENTAL RESPONSIBILITY TO THE STUDENT TO COMPLETE THIS BOOKING FORM

Title:	First Name:	Last Name:
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Relationship to Student:

AGENT / BOOKER DETAILS

STUDENT DETAILS Male Female Other:

STUDENT'S EMERGENCY CONTACT 1

This **MUST** be a parent of the child and this section **MUST** be completed in order to accept your booking.

STUDENT'S EMERGENCY CONTACT 2

Title:

First Name:

Last Name:

Email:

Tel 1:

Tel 2:

Relationship to Student:

STUDENT'S WELFARE DETAILS

Does the student have any medical conditions? Yes* No

*If yes please give details below and provide us with a letter from the student's doctor confirming that the student is fit to take part in the camp.

Is this student currently taking any medication? Yes* No

*If yes please give details below and please make sure that any medication that the student brings to the camp are described in English including dosage instructions and contraindications.

Does this student have any dietary requirements or food allergies? Yes* No

*If yes please give details below

Do you give consent for this student to go swimming at venues with swimming pools? Yes No

Do you consent to camp staff administering non- prescription medicine (e.g. paracetamol, plasters, cough syrup) as required?

Yes No

Do you consent to the student being treated for minor sports-related injuries by a sports therapist? Yes No

If the student has a friend or sibling, they would like to stay in a room with please state their name:

Please note some venues only have single bedrooms. Room share requests can only be requested for students of the same gender and within 2 years of each other in age. Room share requests cannot be guaranteed.

If you would like to tell our welfare team anything else, please mention it here:

STUDENT ABILITY LEVELS

English Level: Beginner Lower Intermediate Upper Intermediate Advanced Native Speaker

Football level: Beginner Occasional Regular Elite

CONSENT

I agree that CMT Learning (trading as Euro Sports Camps) may use photographs and other images of the student in its marketing materials.

For more details about how we use the personal data relating to you or the student, please read our Privacy Policy available at eurosportscamps.com/privacy-policy

VISA SUPPORT LETTER

If the student requires a Visa to enter the UK, complete this section and we will issue a letter to support the student's visa application once we have received at least the deposit payment for the booking. Please check if the embassy requires an original signed letter before deciding if an email copy is sufficient.

Type of Visa Support Letter required:

Email copy (Free of Charge)

1st Class Post (Free of Charge – *UK only*)

Name as it appears on passport:

Passport number:

Country of application:

AIRPORT TRANSFERS

If you would like to use our airport transfer service, please book this below. If you do not have your flight details yet, please provide them to us by email at least 4 weeks prior to the camp start date and ensure you confirm we have received them.

Transfers are priced at £95.00 each way.

ARRIVAL TRANSFER (09:00 - 16:00 on first day of camp)
London Heathrow Airport (LHR) <input type="checkbox"/> London Gatwick Airport (LGW) <input type="checkbox"/>
Terminal:
Flight Number:
Landing Time (UK Time):
Country of Origin:
Unaccompanied Minor Service? Yes <input type="checkbox"/> No <input type="checkbox"/>

Unaccompanied Minor Service is recommended for children under 14. We will supply you with the details of our airport staff representative. We may change our staff representative up to 48 hours before the flight. We will inform you of any change and it will be your responsibility to supply this to the airline

DEPARTURE TRANSFER (11:00 - 18:00 on last day of camp)
London Heathrow Airport (LHR) <input type="checkbox"/> London Gatwick Airport (LGW) <input type="checkbox"/>
Terminal:
Flight Number:
Landing Time (UK Time):
Destination Country:
Final Destination (if different):
Unaccompanied Minor Service? Yes <input type="checkbox"/> No <input type="checkbox"/>

TERMS AND CONDITIONS

By checking this box, I confirm that all the information set out in this form is complete and accurate to the best of my knowledge and that I have read, understood and accept the booking terms and conditions on the Euro Sports Camps website (<https://www.eurosportscamps.com/>) and (as applicable) have made the holder of parental responsibility to the student aware of these terms and conditions.

If you have a promotional code, please enter it here:

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