



NIKE BASKETBALL CAMPS

BOOKING FORM 2024

Please note all fields are mandatory and must be completed digitally. Handwritten forms will not be accepted. To the extent certain fields are incomplete we, CMT Learning Ltd, reserve the right to return the booking form to you.

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

CAMP DETAILS

Bitte senden Sie Ihr Anmeldeformular an:
info@edulingo.de oder Fax: +49 (0)881 927 96 561
Bei Fragen Tel.: +49 (0)881 927 96 560

DATES (MONDAY-SUNDAY)	DEVELOPMENT	ADVANCED		PERFORMANCE
	FOR: BOYS + GIRLS AGED 10-13	FOR: BOYS + GIRLS AGED 13-17		FOR: BOYS AGED 15-17
	RADLEY COLLEGE	BRADFIELD COLLEGE	RADLEY COLLEGE	SURREY SPORTS PARK
24 JUNE - 30 JUNE				
01 JULY - 07 JULY				
08 JULY - 14 JULY				
15 JULY - 21 JULY				
22 JULY - 28 JULY				
29 JULY - 04 AUGUST				
05 AUGUST - 11 AUGUST				
12 AUGUST - 18 AUGUST				

CAMP OPTION >

TOTAL BASKETBALL

BASKETBALL + ENGLISH

WHO IS COMPLETING THIS FORM?

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

The parent / guardian of the player

Authorised by the player's parent / guardian to complete this booking form

TITLE

FIRST NAME

LAST NAME

RELATIONSHIP TO PLAYER



BOOKER DETAILS

ADDRESS

TITLE

FIRST NAME

LAST NAME

EMAIL

PHONE 1

PHONE 2

COUNTRY OF RESIDENCE

RELATIONSHIP TO

PLAYER

PLAYER DETAILS

FIRST NAME

LAST NAME

DATE OF BIRTH (DD/MM/YYYY)

GENDER (Male, Female, Other)

NATIONALITY

PLAYER MOB (for emergency use)

Has this player attended a Nike Camp in the UK before?

YES. If so, which year?

NO

EMERGENCY CONTACTS

EMERGENCY CONTACT 1

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

TITLE

PARENT FIRST NAME

PARENT LAST NAME

PARENT EMAIL

PARENT PHONE 1

PARENT PHONE 2

PARENT'S COUNTRY OF RESIDENCE

Mother / Father / Legal Guardian?

EMERGENCY CONTACT 2

TITLE

FIRST NAME

LAST NAME

EMAIL

PHONE 1

PHONE 2

RELATIONSHIP TO PLAYER

Mother / Father / Legal Guardian / Other (please specify)

ROOM SHARE REQUEST

It may be possible for players to share a room. However, some venues only have single bedrooms and players may only share if they are of the same gender and within 2 years of each other's age. Room sharing cannot be guaranteed.

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



MEDICAL QUESTIONS

Does this player have asthma or any other similar condition?

YES NO

IF YES:

1. What is the name of the inhaler and strength of the inhaler?

2. What is the dosage and frequency of use of the inhaler?

3. Are there any storage instructions for the inhaler?

Has the player been hospitalised with this condition in the past 5 years?

YES NO

IF YES: Please provide a doctors note to medical@eurosportscamps.com stating the player is able to take part in an intensive sports programme

Does this player have diabetes?

YES NO

IF YES: Please provide details of the player's healthcare plan to manage their diabetes

Does the player have epilepsy or any other condition that causes blackouts, fits, or fainting?

YES NO

IF YES:

1. When was the player's last seizure?

2. What do the player's seizures usually look like? E.g. what are the first signs? What happens next?

Does the player have any diagnosed mental health conditions?

YES NO

IF YES: Please describe the condition(s) and include any details on how our team can support them

Does the player have any other existing medical conditions which may affect their ability to fully engage in a residential sports programme?

YES NO

IF YES: Please describe the medical condition(s)

MEDICATION

Medication must be bought in its original box and should have instructions in English.

Players should not bring non-prescribed medication such as ibuprofen and paracetamol, these will be provided by the camp and administered by qualified medical staff.

Will the player be bringing any medication from their Family Doctor/Paediatrician/GP to camp?

YES NO

IF YES:

1. Please provide the name(s) of the medication

2. Please provide details on the dosage and frequency instructions for this medication(s) including when the medication should be taken

3. Please provide storage instructions for this medication(s)



ALLERGIES

Students with a history of severe allergic responses (needing treatment with Adrenaline auto-injectors) will be expected to bring two injector pens that will be within their expiry date.

Does the player have any food allergies?

YES NO

IF YES:

1. Please describe the allergy

2. Please confirm the player can self-identify which food they are able to eat

3. Does the player carry any emergency treatment for this allergy?

YES NO

IF YES: Please provide details of the emergency treatment

Does the player have any other allergies?

YES NO

IF YES:

1. Please describe the allergy

2. Does the player carry any emergency treatment for this allergy?

YES NO

IF YES: Please provide details of the emergency treatment

Has the player been hospitalised with an extreme allergic reaction in the past 5 years?

YES NO

IF YES: Please email us immediately at medical@eurosportscamps.com with further details

Does the player have any special dietary requirements?

YES NO

IF YES: Please give details of their dietary requirements

WELFARE

Does the player have a background of neurodiversity? e.g autism or ADHD

YES NO

IF YES: Please provide more details here

Does the player need any additional learning support in the classroom or in workshops?

YES NO

IF YES: Please provide more details here

Does the student need support with social interaction?

YES NO

IF YES: Please provide more details here

If there is anything else regarding the player that you would like our team to be aware of, please mention it here



TRANSFERS

Transfers are available to/from London Heathrow Airport (LHR) and London Gatwick Airport (LGW) at the following times:

Arrival Transfer: for flights arriving between 08:00 and 16:00 on Monday (first day of camp)

Departure Transfer: for flights departing between 11:00 and 18:00 on Sunday (final day of camp)

Please indicate if you require airport transfers:

- Return Transfers
- Arrival only
- Departure only
- No transfers required
- Not sure yet

If you have already booked flights, please provide details.

If you do not have your flight details yet, please provide them to us by email at least 6 weeks prior to the camp start date.

ARRIVAL TRANSFERS

London Heathrow (LHR)

London Gatwick (LGW)

TERMINAL

AIRLINE

FLIGHT NUMBER

FLIGHT DEPARTURE TIME

FLIGHT ARRIVAL TIME

FROM WHICH CITY

FROM WHICH COUNTRY

IS THIS A DIRECT FLIGHT? YES NO

IF NO: Please provide flight number of connecting flight

Have you booked an unaccompanied minor service with the airline?

YES NO

How is the player flying? Please specify (on their own / with parent/guardian / with another player and parents / with airline unaccompanied minor service /other)

DEPARTURE TRANSFERS

London Heathrow (LHR)

London Gatwick (LGW)

TERMINAL

AIRLINE

FLIGHT NUMBER

FLIGHT DEPARTURE TIME

FLIGHT ARRIVAL TIME

TO WHICH CITY

TO WHICH COUNTRY

IS THIS A DIRECT FLIGHT? YES NO

IF NO: Please provide flight number of connecting flight

Have you booked an unaccompanied minor service with the airline?

YES NO

How is the player flying? Please specify (on their own / with parent/guardian / with another player and parents / with airline unaccompanied minor service /other)



CONSENT

Health Data GDPR Consent

We need your consent to process certain categories of personal health data relating to the Player under applicable data protection legislation so that we have a record of any health conditions affecting players and can provide suitable care. We may also disclose health data to health professionals assisting us in providing arrangements or care for players.

You have the right to withdraw the consent granted by you in this form by emailing us at info@eurosportscamps.com. This does not affect the lawfulness of the consent prior to its withdrawal and we may still be entitled to process health data for the purposes of safeguarding.

I give permission to processing the special categories of personal data set out above.

I agree that first-aid-qualified staff may treat the player for minor injuries (including cuts, grazes, sprains, bruises, and blisters) during the camp. Please note we cannot accept bookings without this consent.

I agree to camp staff administering non-prescription medicine (e.g. paracetamol, aspirin, cough medicine) during the camp.

Do you give permission for the player to attend off-site excursions?

YES NO

Do you give permission for the player to go swimming at venues with swimming pools?

YES NO

Do you agree that Euro Sports Camps may use photographs and other images of the player in their marketing materials?

YES NO

TERMS AND CONDITIONS

For more details about the terms of your booking, please see our Booking Terms and Conditions, available at eurosportscamps.com/booking-terms-conditions

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

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 I accept the booking terms and conditions on the Euro Sports Camps website (www.eurosportscamps.com) and (as applicable) have made the holder of parental responsibility to the player aware of these terms and conditions.

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