



## 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.**

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

### CAMP DETAILS

#### DATES

(MONDAY-SUNDAY)

#### BRADFIELD COLLEGE

FOR: BOYS+GIRLS AGED 10-17

01 JULY - 07 JULY

08 JULY - 14 JULY

15 JULY - 21 JULY

22 JULY - 28 JULY

29 JULY - 04 AUGUST

05 AUGUST - 11 AUGUST

#### CAMP OPTION >

TOTAL DANCE

DANCE + 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 student

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

TITLE

FIRST NAME

LAST NAME

RELATIONSHIP TO STUDENT



## BOOKER DETAILS

ADDRESS

TITLE

FIRST NAME

LAST NAME

EMAIL

PHONE 1

PHONE 2

COUNTRY OF RESIDENCE

RELATIONSHIP TO

STUDENT

## STUDENT DETAILS

FIRST NAME

LAST NAME

DATE OF BIRTH (DD/MM/YYYY)

GENDER (Male, Female, Other)

NATIONALITY

STUDENT MOB (for emergency use)

**Has this student 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 STUDENT

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

## ROOM SHARE REQUEST

It may be possible for students to share a room. However, some venues only have single bedrooms and students 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 student has a friend or sibling that they would like to stay in a room with, please state their name:**



## MEDICAL QUESTIONS

### Does this student 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 student been hospitalised with this condition in the past 5 years?

YES NO

IF YES: Please provide a doctors note to [medical@eurosportscamps.com](mailto:medical@eurosportscamps.com) stating the student is able to take part in an intensive sports programme

### Does this student have diabetes?

YES NO

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

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

YES NO

#### IF YES:

1. When was the student's last seizure?

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

### Does the student 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 student 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.

Students 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 student 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 student have any food allergies?**

YES NO

**IF YES:**

1. Please describe the allergy

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

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

YES NO

**IF YES:** Please provide details of the emergency treatment

**Does the student have any other allergies?**

YES NO

**IF YES:**

1. Please describe the allergy

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

YES NO

**IF YES:** Please provide details of the emergency treatment

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

YES NO

**IF YES:** Please email us immediately at [medical@eurosportscamps.com](mailto:medical@eurosportscamps.com) with further details

**Does the student have any special dietary requirements?**

YES NO

**IF YES:** Please give details of their dietary requirements

## WELFARE

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

YES NO

**IF YES:** Please provide more details here

**Does the student 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 student 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 student flying? Please specify (on their own / with parent/guardian / with another student 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 student flying? Please specify (on their own / with parent/guardian / with another student 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 student under applicable data protection legislation so that we have a record of any health conditions affecting students and can provide suitable care. We may also disclose health data to health professionals assisting us in providing arrangements or care for students.

You have the right to withdraw the consent granted by you in this form by emailing us at [info@eurosportscamps.com](mailto: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 student 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 student to attend off-site excursions?

YES NO

### Do you give permission for the student 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 student 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](https://eurosportscamps.com/booking-terms-conditions)

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](https://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](https://www.eurosportscamps.com)) and (as applicable) have made the holder of parental responsibility to the student aware of these terms and conditions.

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