| **Across the Board Surf Club 2015**  **Booking and Consent Form** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Information – Please complete 1 form per child / young person including siblings** | | | | | | | | | | |
| Name of child / young person: | | | | | | | | | | |
| Date of Birth: | | | Age: | | | | If under 8 please ensure you read and understand our rules for under 8’s | | | |
| Diagnosis: | ASD/ ASC | Aspergers | | Autism | Atypical Autism/PDDNOS | Awaiting Assessment | | sibling | | Other |
| Address  Postcode | | | | | | | | | | |
| **Parent/Guardian Information** | | | | | | | | | | |
| Name/s: | | | | | | | | | | |
| Mobile Number:  (We will contact you on this number in the event a session is cancelled at short notice.)  Email address:  (we will confirm your places using this address): | | | | | | | | | | |
| **Consent and important information** | | | | | | | | | | |
| . | | | | | | | | | | |
| I give my consent for the above named to take part in surfing as part of the NASIOW Across the Board Surf Club. I understand I am responsible AT ALL TIMES for their safety and well-being throughout the session, and will be in attendance throughout. I have read the Information Sheet and understand parent involvement is essential. **Surfers cannot be left without parent/carer supervision**.  I have read and understood the parent information sheet and agree to work with surf club, its volunteers, instructors and the branch according to the rules and guidelines. | | | | | | | | | | |
| Signature of Parent/Guardian | | | | | | | | | Date: | |
| I give my consent for my child to be photographed/filmed whist taking part in the Surf Club. Pictures will be used for the groups Facebook page and some will be used to promote the club with sponsors. | | | | | | | | | Please tick as appropriate | |
| I have completed the personal profile for my child and highlighted any important medical conditions | | | | | | | | |  | |
| My child is under 8 and I understand that a parent must enter the water with them for them to take part in the surfing session | | | | | | | | |  | |
| I have made payment for my sessions and understand the refund policy | | | | | | | | |  | |
| Signature of Parent/Guardian | | | | | | | | | Date: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick sessions that you wish to book** | | | | |
| **Surf Club Dates** | Junior –  10 – 11 am  £5 per child | 1:1  11.30 – 12.30  £5 per child | Senior  1pm – 2pm  £5 per child | Advanced –  10 – 11.30  £7.50 per child |
| **Sunday 24 May** |  |  |  |  |
| **Sunday 31 May** |  |  |  |  |
| **Sunday 21June** |  |  |  |  |
| **Sunday 28June** |  |  |  |  |
| **Saturday 11 July** |  |  |  |  |
| **Sunday 19July** |  |  |  |  |
| **Saturday 25 July** |  |  |  |  |
| **Sunday 16 August** |  |  |  |  |
| **Sunday 23 August** |  |  |  |  |
| **cheques made payable to National Autistic Society Isle of Wight Branch**  **If your cheque is included in another application please tell us which one** | | | | Total |
| **Names of other siblings or friends you would like this booking linked to – (we will aim to ensure you are placed in the same group),** | | | | |
| **Please note – We occasionally move people between groups to ensure that everyone can access our sessions and make best use of the spaces we have. We will try to accommodate people in your first choice of session, but will contact you to confirm your group and session dates.**  **Demand for sessions and high, and postal applications may need to be placed on a waiting list.** | | | | |

Please return the completed form and cheque to:

NAS Surf Club,

c/o Claire Collins

24 St Saviour Road

Totland Bay

PO390EZ

Forms received without payment will be returned and places will not be booked.

Postal applications will not be received or processed until after the 12th of May 2015