



# White Hall

Outdoor Education centre



## DAY COURSE APPLICATION FORM

Course No: \_\_\_\_\_ Course Title: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Sex: M/F

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Daytime Telephone Number(s): \_\_\_\_\_

Can your child swim? \_\_\_\_\_ Can your child ride a bike? \_\_\_\_\_

Photographs may be taken of students for centre publicity. If you **do not** wish for your child's image to be used please tick this box:

Details of any medical condition, allergy, illness or medication we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Does your child receive support from Inclusion and/or Social Services at school? \_\_\_\_\_

### To Be Signed by Parent/Guardian:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parents or guardians of under 18s **must** sign the application form giving consent to participation and then they should be returned, together with the fee (please make cheques payable to Derbyshire County Council) to:

White Hall Centre  
Long Hill  
BUXTON  
Derbyshire  
SK17 6SX

Telephone Number: 01298 23260

Fax Number: 01298 25945

email: [white.hall@derbyshire.gov.uk](mailto:white.hall@derbyshire.gov.uk)



## CONDITIONS OF BOOKING

1. I have read the notes for course members and understand the nature of the course. I agree that my child shall abide by all safety regulations.
2. I understand that in the event of accident, loss or damage, Derbyshire County Council will only accept liability where the accident, loss or damage is caused by the negligence of the County Council, its employees, agents or subcontractors.
3. I understand that course members are NOT insured by Derbyshire County Council against personal injury, loss or damage that is not caused by negligence on the part of Derbyshire County Council or its employees, agents or subcontractors.
4. I understand that personal accident, loss or damage and cancellation insurance should be arranged by myself.
5. I authorise the Centre Director or his representative to consent to any medical treatment, which a medical practitioner deems necessary.
6. I understand that it may not be possible with mixed groups for members of staff of each sex to be present at all times during the activities.
7. I understand that in the event of having to cancel my child's place on the course the following criteria will apply:
  - Within one month of the course date – full payment will still be payable
  - Over one month of the course date – 25% will be payable