

# BOOKING FORM

F1

## BRADWELL OUTDOORS

Bradwell Waterside  
 SOUTHMINSTER  
 Essex CM0 7QY  
 Phone: 01621 776256  
 Fax: 01621 776378  
 Email: [info.bradwelloutdoors@essexcc.gov.uk](mailto:info.bradwelloutdoors@essexcc.gov.uk)  
[www.bradwelloutdoors.com](http://www.bradwelloutdoors.com)



Course dates: ..... Type of course: .....

Name in full : ..... Date of Birth:..... Male/Female

Address: .....

..... Postcode.....

Contact phone no: ..... Email address .....

Is there any medical history/disability of which the Centre Staff should be aware eg: epilepsy, allergies, hearing difficulties, mobility, asthma etc: .....

Do you consider yourself to be:            able / disabled / registered disabled    *please* ✓

Ethnicity please ✓

White British	W/Irish	W/Other	Black or B Brit African	B or B/Brit Caribbean	Black or B/Brit Other
Asian or A.Brit Parkistani	Asian or A Brit Indian	Asian or A. B other	Mixed White/Black African	Mixed white/Black Caribbean	Mixed White/Asian
Other mixed	Other black	Other Asian	Chinese	Any other	

Catered courses: Do you have any specific dietary or allergy requirements? .....

**Emergency contact** phone no: 1) ..... relationship .....

2) ..... relationship .....

Doctors Name: ..... Doctors Phone no: .....

Please return this completed form together with a deposit of £            per place, to Bradwell Outdoors, Bradwell Waterside, Southminster, Essex, CMO 7QY. The balance of the fee is due 1-month prior to commencement of course. Please make cheques payable to ESSEX COUNTY COUNCIL.

*I confirm that I am confident in the water/can swim and am prepared to accept the guidance of Bradwell Outdoors and their staff during the course.*

Signature of applicant: ..... Date: .....

**If the candidate is under 18 years of age:**

I give consent for my son/daughter to take part in the agreed programme of activities at Bradwell Outdoors and that my son/daughter is fit, healthy and able to take part in the activities offered. I also give permission for the Centre to use any photography taken during the visit to use in future publicity.

Signature of parent/guardian..... Date: .....

**In the interest of Health & Safety, failure to complete and return this form may result in you being excluded from taking part in the Course.**