

West Hill Park 2025 - Holiday Booking

This application must be completed by the parent/carer/guardian of the person attending, unless the attendee is over 18.

Completing this form lets us know you want to come to West Hill Park. We will then be in touch to sort out paying the deposit to confirm your place.

First, please give us some details about the person filling in the form.

** Indicates required question*

1. Email *

2. First Name *

3. Last Name *

4. Phone Number *

5. Address *

Information about the person coming on the holiday

6. First Name *

7. Last Name *

8. Preferred Name

9. Date of birth *

10. Sex *

Mark only one oval.

Male

Female

11. Names of any other friends or group you are coming to West Hill Park with

12. If the young person is part of a church please let us know which one (you don't need to go to church to come!)

13. Young person's email address

14. Young person's mobile phone number (if they are not bringing a phone, please write N/A). *

15. Address

If different from the address given above.

Health and Other Info

Please ensure you include all information relevant to the care of your child during the holiday and anything that it would be helpful for the leaders to be aware of, so that we are best able to support them.

If you need to give more information than there is space for, please use the contact details on our website to get in touch: www.godstuff.org.uk/contact

16. What is his/her current swimming ability? *

Mark only one oval.

- Unable to swim
- Can swim at least 100m unaided
- Can swim at least 200m unaided

17. I give consent for him / her to participate in swimming in a swimming pool on the holiday *

Mark only one oval.

- No
- Yes

18. I give consent for this young person to go off-site in a group of at least 3 young people without an adult (team member)? *

Mark only one oval.

Yes

No

19. Does he/she have any special dietary requirements (including food allergies/intolerances)?

20. Please indicate your consent for a responsible leader to dispense plasters and common over-the-counter medication. *

Mark only one oval.

No

Yes

21. Is there any reason why he/she should not swim or take part in other sports?

22. If he/she currently has, or has a history of, any of the following please give details.

- Kidney disease
- Heart/blood disorders
- Epilepsy/faints/neurological disorders
- Diabetes
- Asthma/hayfever/lung disease
- Anxiety when away from home
- Additional support at home and/or when in education for specific needs

23. Is there anything you can tell us about your child's emotional or learning needs, mental health and/or behaviour to help us provide the best care?

24. Does he/she have any other physical conditions?

25. Does he/she have any allergies?

26. Does he/she take any regular medication?

27. Does he/she use inhalers for asthma?

28. Has he/she suffered any injuries in the last 2 years?

29. Is there any other information not covered above that we should be aware of?

30. We might take photos whilst at the holiday for promotional purposes (including * on the internet and social media). Are you happy for her/him to appear in these photos?

Mark only one oval.

No

Yes

31. Are you happy for us to keep these contact details so that we can contact you * about future holidays?

If you answer yes, we will keep your information in our database for up to 3 years after the last time she/he comes on the holiday with us.

Mark only one oval.

No

Yes

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