

Individual Booking Details

To confirm your place on the tour, Parents / Guardians **MUST** complete this form and return it with your 1st deposit payment to the group organiser.



I attached a photocopy of the participant's passport

Should you be unable to provide a photocopy of the passport please list passport details below. Please ensure that details below correspond exactly to those on the passport.

Passport Number

Mr/Miss/Mrs

Gender (M/F)

Surname

Forename

Middle Name(s)

Nationality

Country of Issue

Date of Birth (e.g. 23 Jan 89)

Date of Issue

Date of Expiry

If you are in the process of applying for a passport, please complete as much of the above as possible.

VISAS - It is your responsibility to obtain any necessary visas.

Dietary Requirements

Please list any specific dietary requirements (e.g. vegetarian) and any food allergies.

Medical Information

Please list any medical conditions. If relevant, please indicate type of medication / amount required and frequency.

Do you give permission for staff to give your son/daughter

Aspirin

Paracetamol

Ibuprofen

Has your son/daughter/ward had a tetanus injection in the last 5 years? Yes No

Insurance

It is a booking condition that travel insurance must be purchased to travel with inspiresport. The group organiser will advise if the recommended inspiresport insurance has been confirmed.

You confirm that you have read and understand the section 3 Eligibility Statement in The Insurance Terms and Conditions as printed on the reverse of this form.

EHIC Card

You confirm that the tour participant will be in possession of a EHIC-card. This card allows medical treatment in any EU country. This can be obtained online.

Parental Release Form

In the event of accident or illness during the event, which needs immediate treatment, I agree to my son / daughter receiving first aid and medical treatment from qualified medical practitioners including anaesthetic, blood transfusions etc. as may be considered necessary by a licensed member of the medical profession.

I understand the extent and limitations of the insurance cover provided. I undertake to inform the relevant persons organising this event immediately if there are any changes in medical circumstances between the date specified below and the start of the event.

I consent to my son or daughter's photograph being taken by inspiresport staff during their trip, and for photographs of my son or daughter to be used for purposes of marketing future sports development tours across media channels including print, social media and other electronic communications. I acknowledge and accept that the relevant persons organising this event or respective events shall not have any liability in respect of any loss or damage to property whilst attending this event.

Parent/Guardian Details

Names

Telephone Number (Home/Work/Mobile)

Additional emergency contact names and telephone numbers

Name of School / College / Group

Signed

Date