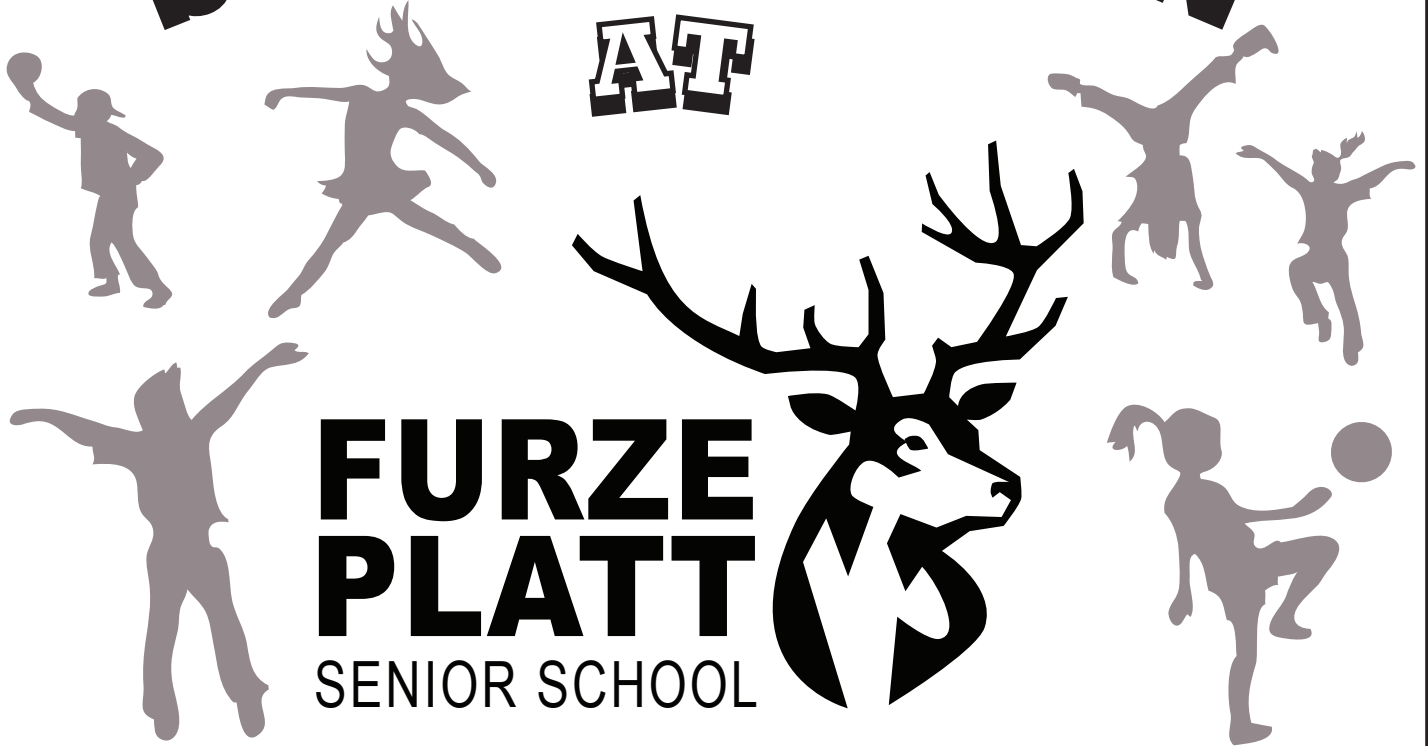


For ages
9-18

From only
£90*

SUMMER FUN

AT



**FURZE
PLATT**
SENIOR SCHOOL

Monday 25th - Friday 29th July 2016
Monday 1st - Friday 5th August 2016
9 am to 3 pm

**A FANTASTIC SUMMER OF
ACTIVITIES, SPORT, CRAFT,
DRAMA & FILM SCHOOL**

SUMMER FUN

Due to the popularity of last year's Summer Fun we are, once again, offering two weeks of fun and activity at **Furze Platt Senior School.**

This fabulous opportunity is open to all 9 - 18 year olds - come along and make new friends, play team games, interact positively with younger and older students and learn from our qualified instructors. For children in their last years at junior schools, being on site can help with the transition to secondary school and for all young people, a chance to polish their leadership skills and have lots of fun!

Participants will need to bring appropriate clothing and a packed lunch.

(Furze Platt's fortnight of fun activities for ages 9-14. Students 12-18 years of age can enjoy PQA's 'Film School' or 'A Play in a Week'.)

We are offering a fabulous opportunity for all students to enjoy....



Please call Mrs C. Johnstone on 01628 625308 ext. 347 for further information.

*Concessions available. £10 deposit per week (per child).
Balance due 20th June 2016.

If you would like to take advantage of this exciting opportunity, please complete the booking form and OA4 form (on reverse) and return with a deposit of £10 per child per week to Furze Platt Senior School, Furze Platt Rd, Maidenhead, Berkshire, SL6 7NQ in an envelope marked "Summer Fun".

Name of Student:

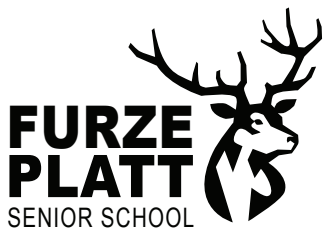
Name of current school:

Age: Gender: Tel No:

Address:

E-mail:

Signature of parent/ guardian:



(Ages 9-14)
www.furzeplatt.com
tel. 01628 625308

W/C 25th July 2016

£90

W/C 1st August 2016

£90

Please tick box if you are in receipt of Free School Meals.

Please make cheques payable to Furze Platt Senior School and send in to the School with a completed medical form (P.T.O.). Payment can be made online to Lloyds a/c Number 42740560 sort code 30-95-36 marked 'Summer' and your surname.



(Ages 12-18)
www.pqacademy.com
tel. 07443 460390

W/C 1st August 2016

£130* (max 25 spaces)
PQA 'Film School'

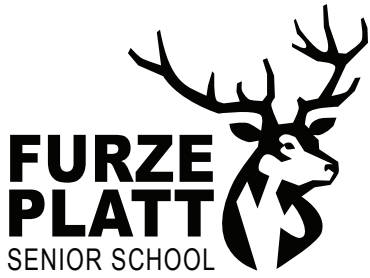
W/C 1st August 2016

£120* (max 30 spaces)
PQA 'A Play in a Week'

* discounts available for existing PQA students.

Payment can be sent by cash/cheque (please make cheques payable to E Charleston) in an envelope marked 'PQA' with a completed medical form (P.T.O.) to Furze Platt Senior School. Payment can also be made online to: a/c number 42740560 sort code 30-95-36 marked '{Your Child's Name} FP'.

OA4 Off-Site Activity Medical and Consent Form



ORGANISATION:

NAME of participant: _____ **male/female**

Important: This form must be completed by the parent/guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

Address of Participant: _____ Telephone No. (inc. STD): _____

Post Code: _____ Date of Birth: _____

Emergency Contact DURING PERIOD OF ACTIVITY

Name: _____

Address: _____ Tel. No: _____

Alternative Tel. No: _____

Post Code: _____ Relationship to Participant: _____

DOCTORS name: Address: Post Code:	Telephone No. (inc. STD)	Details of last Tetanus injection date: OR, have you had one in the last 10 years? YES / NO
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Please give details of any medical conditions/disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc.

Please give current treatment including medication.

Details of any special dietary requirements.

STATEMENT

I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT/ACTIVITY TO.....AND CONSENT TO THE ABOVE PERSON PARTICIPATING.

I have ensured that my child/ I understand(s) the information for their/my safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the Leader of any changes in the fitness of the participant/myself prior to the date of departure.

I accept full financial responsibility if they/I have to return home before the end of the trip because of inappropriate behaviour.

I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.

Signed: _____ Parent/Guardian/Participant

Date. _____