

ENERGIZE SUMMER 2024

CLIENT APPLICANT REGISTRATION FORM



Parent/Guardian Name			
Parent/Guardian Surname			
Telephone/s			
Email Address			
Address			
	Post Code		
Child Name & Surname			
Child Gender	Male / Female	Child DOB	DD / MM / YYYY

Day Options	3 Day	3 Day	5 Day
Days	Mon/Wed/Fri	Tue/Wed/Thur	Mondays to Fridays
Venue	Pembroke Santa Klara College	Pembroke Santa Klara College	Pembroke Santa Klara College
	10 Week Option	10 Week Option	10 Week Option
Dates	1st July-13th September	2nd July-12th September	1st July-13th September
Break between	Monday 12th - Friday 16th Aug	Monday 12th - Friday 16th Aug	Monday 12th - Friday 16th Aug
08:30am - 12:30pm	<input type="radio"/> Price €720	<input type="radio"/> Price €720	<input type="radio"/> Price €1200
08:30am - 02:00pm	<input type="radio"/> Price €990	<input type="radio"/> Price €990	<input type="radio"/> Price €1650
	6 Week Option	6 Week Option	6 Week Option
Dates	1st July-9th August	2nd July-8th August	1st July-9th August
08:30am - 12:30pm	<input type="radio"/> Price €435	<input type="radio"/> Price €435	<input type="radio"/> Price €720
08:30am - 02:00pm	<input type="radio"/> Price €595	<input type="radio"/> Price €595	<input type="radio"/> Price €990
	4 Week Option	4 Week Option	4 Week Option
Dates	19th August-13th September	20th August-12th September	19th August-13th September
08:30am - 12:30pm	<input type="radio"/> Price €290	<input type="radio"/> Price €290	<input type="radio"/> Price €480
08:30am - 02:00pm	<input type="radio"/> Price €400	<input type="radio"/> Price €400	<input type="radio"/> Price €660

Amount Paid €

Cheque Cash

DISCLAIMER

Print, Fill in
& Return

The safety of your children is extremely important to us. Energize Summer School will in all ways exercise its best efforts for the care and safety of your children. In case of illness or accident, Energize will immediately inform the parents/guardians and take necessary measures. However the school cannot be held liable in any event of illness or accident. Please read the following carefully and kindly sign where appropriate.

(I) (We), the parents/guardians of _____, do hereby consent to our child(ren)'s participation in the Energize summer programme.

(I) (We) understand that learning within the summer programme will involve fitness/exercise elements within the sporting sections. Throughout the programme children will be working physically, emotionally and socially to develop strength and fitness of both mind and body. The activities are generally non-competitive and non-aggressive, however there is always a risk of injury. We reiterate that your child(ren)'s safety is a top concern within our programme.

(I) (We) understand such risks and will not hold coaches, instructors or any other member of staff of Energize Summer School responsible for personal injuries that may occur during the summer programme.

(I) (We) also understand that the school is not responsible for any belongings that the children may bring with them.

(I) (We) understand that our child(ren) must attend school in the correct sportswear, failure to do so may result in child not participating in the activities. (for their own safety)

(I) (We) understand that the school hours of operation are from 8.30am till 12.30pm or 2pm for X90 unless otherwise agreed upon and the school is not responsible for the child(ren) before or after the stipulated times.

(I) (We) understand that Energize reserves the right to stop operating the programme without notice and without providing a full/part refund should Energize be unable to operate the Summer Programme due to force majeure and/or due to any government restrictions imposed on Energize which may impact their ability to operate.

(I) (We) understand that no refund or replacement days will be made should my child not attend Energize for any reason including due to illness or quarantine.

(I) (We) understand that i/we must inform Energize Summer School if anyone other than the stipulated person will be collecting my child(ren) from school at 12.30pm.

(I) (We) declare any medical/physical condition or medication of my child(ren) which staff should be aware of

(I) (We) consent to the school using photographs of my child(ren) engaged in school activities in its promotional materials.

Parent/Guardian Signature _____ Date: _____

Please Print Name: _____

Contact Number : _____

Child's Medical Conditions _____

Please indicate a contact number other than your own in case of emergency.

Number _____ Name _____ Relationship to child _____