

KSA CONFERENCE 2011 BOOKING FORM

Please complete and send to: [Mrs Julie Whistler, 41 Breach Road, Marlpool, Heanor, Derbyshire, DE75 7NJ](#)

NAME: Home telephone or contact number:

ADDRESS:

Email address:

Cost (including lunch and refreshments) is:

Adults: **£35.00** Children 5 or over: **£15.00** Children under 5 are only eligible to enter the Train Museum: **£5.00**
Food will not be provided specifically for under 5s so please bring your own. Children under 10 MUST be accompanied by an adult at all times. **Please make sure you have read, understood and signed the Assessment of Risk and Release Form.**

To encourage those with children to attend we are offering subsidies for child care at the attractions. For each FULL paying adult attending the conference one supervising Adult is FREE. *For example family of 2 adults and 2 children one adult pays £35, children £15 each, the parent supervising the children is free - total cost £65.00 If both parents attend the conference and someone from the KSA supervises the children then the cost is £100.* Lunch is included for children and accompanying adult and full paying adult at the Conference venue. Entrance fees to attractions included for child/children and one supervising adult. **Venues: [The York Dungeons](#), [Jorvik](#), and [the York Train Museum](#).**

Offer of free admission to the venues for **supervising adults MUST** be booked and paid for by **10th of September 2011**.

I wish to book the following places at the Conference 2011 to be held at the Priory Street Centre, 15 Priory Street, York, YO1 6ET:

Adults at conference: Adults Supervising: Number of Children over 5 attending:
(please indicate numbers)

NAME.....AGE*..... NAME.....AGE*.....

NAME.....AGE*..... NAME.....AGE*.....

NAME.....AGE*..... NAME.....AGE*.....

NAME.....AGE*..... NAME.....AGE*.....

***Specify age only if under 18**

Please complete and return the consent form to allow us to accompany the young people for their activities.

Total cost..... I enclose a cheque made payable to 'Klinefelter's Syndrome Association'
(In case of severe financial difficulty, please contact: 01773 710858)

Friday Evening get together 7.30pm to 10.30pm: You will be sent details of the venue when we receive your booking form and payment.

Number from your group attending:..... Approximate arrival time:.....

SIGNED:.....

Cancellations in writing please. Booking fee non-refundable if cancellation received after 11th September 2011.

ASSUMPTION OF RISK AGREEMENT AND RELEASE

(Previously the consent form)

(This Form Must be Signed and Witnessed)

I give permission for my child (or children), [name(s)] _____

_____ to participate in the **activities available during the KSA 2011 Conference in York.**

I understand that there is an inherent risk of injury in all activities and this may involve a risk of personal injury to my child and **I agree that the KSA and its officers, and/or agents owe my child no duty of protection from harm.**

I understand that the KSA has not arranged personal accident or loss insurance.

I understand that should medical treatment be necessary every effort will be made to obtain my consent. In an emergency I authorise the party leaders to consent on my behalf to any medical treatment which a qualified doctor deems necessary.

I am the parent or legal guardian of the minor(s) listed above.

I also hereby provide my mobile phone number and will respond immediately to resume full supervision of my child or children when summoned by the KSA or any of its officers or volunteers.

I understand the terms of this Agreement and I indicate my acceptance of the terms of this Agreement by my signature below:

Name of Parent or Legal Guardian:

Signature:

Date:

Telephone:

MOBILE PHONE NUMBER FOR ONSITE CONTACT:

Please also provide your Doctor's name, address and phone number:

And full details of any recent illness or medical condition which may be relevant including details of medication or special diet and approximate date of last tetanus injection:

Witnessed by:

Signature:

THIS FORM MUST BE SIGNED AND WITNESSED