

School Tour Booking Form

Shannon Swimming & Leisure Centre

Name of School _____ Address of School _____

Contact Name _____ Telephone _____

Email address _____ Number of children booked for tour _____

Classes & Number in each class _____

Have you any children with special needs that we should be made aware? _____

Swimming Yes _____ No _____

Mixed _____ All Boys _____ All Girls _____

Date attending _____ Full day _____ Half day _____

Total deposit paid _____ Balance due _____

Where did you hear about us: Website ___ Facebook ___ Word of Mouth ___ Other Please specify _____

Shannon Leisure Centre recognises the need to ensure the welfare and safety of all young people. In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children. However on occasion we do take photographs as part of our art's n Crafts activities and promotional purposes. Shannon Leisure Centre will take steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately, you should inform Shannon Leisure Centre immediately.

I consent to Shannon Leisure Centre photographing my child.

Signed _____ Date _____

Any other information _____

Office notes _____

Please return with deposit to:

Accounts Department
Shannon Leisure Centre
Shannon, Co Clare

I recognise that using the Pool Inflatable, Bouncing Castle, Climbing Wall & participation in a fun & games has its potential dangers which we undertake at our own risk. We accept that neither the operating company nor its employees shall be liable for any loss or injury arising from our participation in the activity. A member of staff will go through the rules thoroughly with the children before the activity begins but the organiser should brief all kids on acceptable behaviour before commencement.

Signed: _____

Date: _____