Application form: Summer Sports Camp & Clinics 2010

Section 1 - Student's Details (BLOCK LETTERS please)

Surname |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Given name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of Birth (dd/mm/yy) __ __ / __ __ / __ __ __ __ Gender ❑ Male ❑ Female

Flat/House_____ Floor _____ Block/Tower_____ Building _____

Street/Road_____ District _____

❑ HK ❑ KLN ❑ NT _____ Home Phone _____ Fax _____

Mum's name_____ Mum's mobile _____

Dad's name_____ Dad's mobile_____

Email 1 _____ Email 2 _____

(Please provide a valid email address as the acknowledgement of receipt of your application and all correspondence will be sent by email.)

Emergency Contact Person (if different from above)_____

Does your child have any allergies, medical condition or physical limitations that our teachers should be aware of? If so, please indicate.

_____

School your child attends _____

How did you learn of our course? ❑ Existing Customer ❑ www.esf.org.hk ❑ Personal Recommendation ❑ School Recommendation

❑ Newspaper Advertisement e.g._____ ❑ Magazine Advertisement e.g._____ ❑ Brochure mailing ❑ Other _____

Section 2 - Course Enrolment

Camp/Clinic	Code	Venue	Week no.	Dates	Time	Fee (HKD)
Early bird discount does NOT apply to certain camps/clinics. Please check fees carefully.					Total Camp/Clinic Fee	

ESF T-Shirt (for Sports Camp Only) ❑ XXS ❑ XS ❑ S ❑ M ❑ L ❑ XL ❑ XXL

Bus Service ❑ Route 1 ❑ Route 2 ❑ Route 3

Pick up/drop off location _____ Week(s)_____

Pick up & drop off time _____ Total no. of Week(s)_____

Accompany adult (if applicable) _____ Total no. of Week(s)_____

Total Bus Fee	
Total	

Section 3 - Payment Options

Faxed applications without credit card details will NOT be accepted or processed.

❑ Cheque payment: Complete and mail this application form along with your cheque made payable to '**ESF Educational Services Ltd**' to: **Sports Section, ESF Educational Services Ltd, 5/F, Cigna Tower, 482 Jaffe Road, Causeway Bay, HK**. Please write the student's name on the back of the cheque.

❑ Credit card payment: Complete this application form including your credit card details and fax it to 2711 8007 or mail it to our address above.

❑ Visa ❑ Mastercard ❑ JCB *We do NOT accept American Express

Cardholder's name_____ Credit card number |_|_|_|_| - |_|_|_|_| - |_|_|_|_| - |_|_|_|_|

Expiration date (mm/yy) __ __ / __ __ Amount to be charged HK$_____Cardholder's signature_____

By signing, I hereby authorize ESF Educational Services Limited to charge the specified credit card account in the indicated amount. I promise to pay such total subject to and in accordance with the agreement governing the use of such card.

Section 4 - Consent Details

In enrolling my child in ESF Educational Services Limited courses I agree that my child will abide by the rules and regulations set out by the company. This can be viewed at www.esf.org.hk. I will not hold ESF Educational Services Ltd. responsible for any injury to my child, or damages or loss to my property as a result of participation in these courses.

Parent/Guardian (BLOCK LETTERS)_____Signature_____Date_____

ESL may use photographs taken during ESL's sport activities for use in promotional publications and on our website. These photographs will not be passed onto third parties. If you do not wish for ESL to use photos that include your child, please contact us directly.