

**BRYMORE ACADEMY SKI TOUR
FOLGARIDA-MARILLEVA RESORT, ITALY
13TH - 20TH DECEMBER 2025**

RESERVATION FORM & DATA COLLECTION FORM *(overleaf)*

Student's full name.....

Date of birth Age on 13/12/2025.....

Parent /Guardian's name

Home address.....

.....

..... Mobile No:

Work Tel No: Home Tel No:

My son would prefer to ski/snowboard (please circle)

He has skied/snowboarded forweeks

It is possible to snowboard if there are a minimum of eight students of the same ability (eg all beginners or all intermediates)

I wish to reserve a place for the above-named student, on the ski tour in December 2025. I understand that this is a definite commitment and that I may lose some, or all, of the cost of the trip if I withdraw my son for any reason that is not covered by insurance, or if he is withdrawn by Brymore Academy for disciplinary reasons. I have read, fully understand and am satisfied with the details of the above-mentioned activity and agree to my son taking part and attach a photocopy of their current passport.

I know of no medical reason why he should not participate, and I agree to him being given medical treatment considered necessary by the medical authorities and I authorise the staff of the trip to act on my behalf (in loco parentis) for the duration of the trip. I will ensure that my son attends school on 12th December 2025.

SIGNED **Parent/Guardian Date**

The Ski Party Leader reserves the right to refuse an application from anyone who, by the record of behaviour in school, seems likely to threaten the smooth running of the trip and for whom the staff could not accept responsibility whilst abroad with confidence.

STUDENT DECLARATION

I understand that the decisions made by the staff, which affects the conduct of the trip, are made with the safety and enjoyment of the party in mind. I agree to abide by their decisions including those relating to smoking, consumption of alcohol and the possession / taking of illegal substances.

SIGNED **Student** **Date**

PLEASE COMPLETE THE DATA COLLECTION FORM OVERLEAF .../

SKI TOUR DATA COLLECTION FORM

Deposit (*please tick as appropriate)

- * I enclose a non- refundable cheque or cash for £150
- * I have paid via Schools Cash Office/SCOPAY
- * Please deduct £150 from my son's activity account

I enclose / have sent a non-refundable deposit of one hundred and fifty pounds and agree to make payments as outlined in the trip details.

Passport Status (*please tick as appropriate)

- * My son does not have passport
- * My son will need to renew his passport
- * My son has a valid passport

Full name on the passport	Passport Number	Issue Date	Expiry Date

Global Health Insurance Card/European Health Insurance Card Status (*please tick as appropriate)

- * My son does not have GHIC/EHIC
- * My son will need to renew his GHIC
- * My son has a valid GHIC/EHIC

Full name on the card	Full GHIC/EHIC Number	Expiry Date