

# EASTER CAMPS

## Primary 1 and up

|                                   |                      |                    |                      |
|-----------------------------------|----------------------|--------------------|----------------------|
| Name of Child:                    | <input type="text"/> |                    |                      |
| Age:                              | <input type="text"/> | Date of Birth:     | <input type="text"/> |
| Class:<br>(eg P1)                 | <input type="text"/> | Male or<br>Female: | <input type="text"/> |
| Name of<br>Parent/guardian:       | <input type="text"/> |                    |                      |
| Address:                          |                      |                    |                      |
| <input type="text"/>              |                      |                    |                      |
| <input type="text"/>              |                      |                    |                      |
| Post Code:                        |                      |                    |                      |
| Home No.:-                        | <input type="text"/> |                    |                      |
| Mobile No.:-                      | <input type="text"/> |                    |                      |
| Work No.:-                        | <input type="text"/> |                    |                      |
| Email address:                    | <input type="text"/> |                    |                      |
| My child will be<br>collected by: | <input type="text"/> |                    |                      |

Garioch Sports Centre is registered with Care Inspectorate No: CS2004071741

Places are limited and will be filled on a first come first served basis. Garioch Sports Centres Out of School Club Booking Policy is applicable with payment due at time of booking.

## MEDICAL INFORMATION & ADDITIONAL SUPPORT NEEDS

Please make sure you make the TEAM aware if your child has any medical conditions or additional support needs

**Doctor's Name:**

**Doctor's Address:**

**Tel No:**

**Does your child have any known illnesses or allergies:**

Yes

No

If yes, please detail:

**Does your child have any special dietary requirements?**

Yes

No

If yes, please detail:

**Is your Child on any regular medication?**

Yes

No

If yes, please detail:

**Does your child require help with administering the medicine?**

Yes

No

**Does your child have any particular or additional support needs?**

Yes

No

If yes, please detail:

**Does your child have an Individual Educational Plan (IEP)?  
(If yes please provide a copy).**

Yes

No

**If your child or family have an attached Social Worker, please give their name & contact number:**

**Is there any food or drink you do not wish your child to have?**

**Please indicate any activities in which you do not wish your child to participate in:**

**What games and activities does your child enjoy participating in?**

## EMERGENCY CONTACTS

Please detail below any other person(s) authorised to be contacted in an emergency situation:

**Name & Relationship:**

**Mobile No:**

**Full Tel No:**

**Name & Relationship:**

**Mobile No:**

**Full Tel No:**

| CONSENT  |  | Yes | No |
|--|--|-----|----|
| I consent to my child undergoing any emergency medical treatment necessary during the running of the club.   |  |     |    |
| I authorise the play staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the Doctor to endanger my child's Health & Safety. |  |     |    |
| I consent to my child's photo / video to be taken while at club.   |  |     |    |
| I consent to my child's photo / video to be used for promotional material and local newspapers.  |  |     |    |
| I consent to my child being transported to and from school with the GSC minibus or walking with staff.   |  |     |    |
| I consent to my child having short trips or visits off the premises with the use of the GSC minibus or walking with staff.   |  |     |    |

### TERMS AND CONDITIONS

- Please remember to take your swipe card at all times
- Bookings are NON REFUNDABLE but may be transferable to another class
- It is the parents responsibility to update the centre if there are any changes to this form
- By signing this form, you agree to all terms and conditions

All information provided on this form will remain confidential.

I have read the above consent requests and have marked them as appropriate.

I agree to the Terms and Conditions as detailed.

I confirm that I am the parent/guardian with rights and responsibilities for the above named child.

The activity has been risk assessed and every effort will be made to minimise risk. Nonetheless a totally risk free environment is unrealistic, and I acknowledge that a degree of residual risk remains. I understand that the Garioch Sports Centre do not provide cover for personal accident, illness, loss or damage incurred by the participants.

*Signed:* .....

*Date:* .....

## WHAT TO BRING

Children should come prepared wearing sports clothes and have appropriate outdoor clothing with them. They also need to take a **packed lunch** (with cool pack), **snack** for morning/afternoon and plenty to **drink**.

## BOOKING FORM

**Monday 1<sup>st</sup> - Friday 5<sup>th</sup> April 2018**

|                   | Mon<br>1 <sup>st</sup> | Tues<br>2 <sup>nd</sup> | Wed<br>3 <sup>rd</sup> | Thur<br>*<br>4 <sup>th</sup> | Fri<br>5 <sup>th</sup> |
|-------------------|------------------------|-------------------------|------------------------|------------------------------|------------------------|
| 7.00am - 1.00pm * |                        |                         |                        |                              |                        |
| 1.00pm - 6.00pm   |                        |                         |                        |                              |                        |
| Full day *        |                        |                         |                        |                              |                        |

\*Skyline extra £9

**Monday 8<sup>th</sup> - Friday 12<sup>th</sup> April 2018**

|                   | Mon<br>8 <sup>th</sup> | Tues<br>*<br>9 <sup>th</sup> | Wed<br>10 <sup>th</sup> | Thur<br>11 <sup>th</sup> | Fri<br>12 <sup>th</sup> |
|-------------------|------------------------|------------------------------|-------------------------|--------------------------|-------------------------|
| 7.00am - 1.00pm   |                        |                              |                         |                          |                         |
| 1.00pm - 6.00pm * |                        |                              |                         |                          |                         |
| Full day *        |                        |                              |                         |                          |                         |

\*Bowling extra £4.50

If paying by voucher which provider do you use:

For Office Use Only

PAYMENT METHOD: **Cash / Chq / CC**  **Childcare Voucher**  **Amount:** £

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Scanned  Photocopied