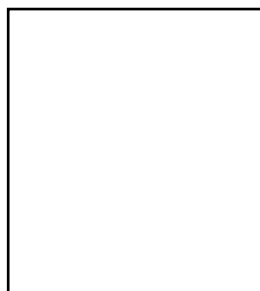


# JUNE CAMP BOOKING FORM



(Please Provide A Picture unless one has been given for OOSC)



To register your child for Garioch sports Centre Camp's, please complete this form **FULLY** and return to **Reception**.

All information will be treated as confidential.

The following information is required to ensure we can meet the individual needs of your child within our setting.

**If any details change, remember to Inform us as soon as possible so we can update the Registration form.**

<b>Child's Name:</b>		<b>Male / Female:</b>	
<b>Date of Birth:</b>		<b>Age:</b>	
<b>Address:</b>		<b>Post Code:</b>	
<b>Name of Parent / Guardian:</b>		<b>Mr / Mrs / Miss / Ms:</b>	
<b>Home Tel No:</b>		<b>Mobile No:</b>	
<b>Work Tel No:</b>			
<b>Email Address:</b>			
<b>Ethnicity</b>		<b>Category 1 Key worker – Yes or No</b>	
		<b>Parents Profession-</b>	

Garioch Sports Centre Camps Club Booking Policy is applicable with payment due at time of booking. You can get a copy of this from Reception

## Collection & Emergency Contact

**Please detail below any other person(s) authorised to collect your child from club:**

**Please note that children MUST be collected by an adult. If your child is not collected and no contact has been made within 45 minutes, the police will be contacted by staff.**

<b>1. Name:</b>		<b>Relationship to Child:</b>	
<b>Mobile Number:</b>		<b>Full Tel No:</b>	
<b>2. Name:</b>		<b>Relationship to Child:</b>	
<b>Mobile Number :</b>		<b>Full Tel No:</b>	

**Garioch sports centre is registered with the care Inspectorate No: CS2004071714**

Garioch Sports Centre is a Scottish Charity, SC047470, regulated by the Scottish Charity Regulator (OSCR).  
Registered Address: Garioch Sports Ltd, Axis Bus. Centre, Thainstone, Inverurie, Aberdeenshire AB51 5TB

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<b>CONSENT REQUESTS</b>	<b>YES</b>	<b>NO</b>
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.		
I consent to my child's photo / video to be used for promotional material in a group photo, local newspaper or video unless otherwise notified.		
I consent to my child having short trips or visits off the premises with the use of the GSC minibus or walking with staff.		

## **MEDICAL / ALLERGY INFORMATION & ADDITIONAL SUPPORT NEEDS**

Please ensure that you give as much detail possible and make the team aware if your child has any medical conditions or additional support needs.

Doctor's Name:			
GP'S Details:		Tel No:	
<b>Please Give Specific detailed information</b>			
<b>Additional support needs</b>	<b>Yes / No</b>		
<b>Any Allergies</b>	<b>Yes / No</b>		
<b>Dietary requirements</b>	<b>Yes / No</b>		
<b>Medical Condition</b>	<b>Yes / No</b>		
<b>Summary of the medical conditions</b>	<b>Yes / No</b>		
<b>Signs and symptoms</b>	<b>Yes / No</b>		
<b>Will your Child need help to administer their medication?</b>	<b>Yes/ No</b>		
<b>What to do in the event of a medical emergency</b>	<b>Yes /No</b>		
<b>Does your child have a Individual Educational plan? (IEP)</b>			
<b>Does your child or family have a social worker?</b>	<b>Name:</b>	<b>Contact No:</b>	
<b>Anything you wish your child not to have? Or other relevant information</b>	<b>Email:</b>		

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## DATA PROTECTION

In signing this form your consent to the Garioch Sports Centre holding the information contained regarding your child and yourself both in hard copy and on our system. Information will only be shared with regulatory bodies or in medical emergencies. You may withdraw your consent at any time, in writing to the OOSC Lead Practitioner.

## TERMS AND CONDITIONS

- Bookings are **NON-REFUNDABLE** but will put onto the account for a 1-year period.
- It is the parent's responsibility to update the centre if there are any changes to this form.
- I understand that the Garioch sports centre is not a specialist after school or holiday club setting and do not offer one to one care but will try accommodating each child where possible.
- By signing this form, I agree to all the terms and conditions.

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

The activities have 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.

**Should Guidance change quickly I will update the GARIOCH SPORTS CENTRE – OUT OF SCHOOL CLUBE FACEBOOK PAGE. Please make sure you have liked the page.**

**Parents Signature:**

**Date:**

## Official use

**Date Received:**

**Staff Initial:**

**Changes:**

# JUNE CAMP BOOKING FORM



## BOOKING FORM

<b>Thursday 2<sup>nd</sup> – 6<sup>th</sup> June</b>		<b>Thur 2<sup>nd</sup></b>	<b>Fri 3<sup>rd</sup></b>	<b>Mon 6<sup>th</sup></b>
Full day (7am – 6pm)	£33.00			
Morning Session (7am – 1pm)	£24.00			
Afternoon session (1pm – 6pm)	£20.00			

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: \_\_\_\_\_