

NOVEMBER CAMPS

Primary 1 and up



garioch sportscentre

Out of School Club

| | | | |
|-----------------------------------|----------------------|--------------------|----------------------|
| Name of Child: | <input type="text"/> | | |
| Age: | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Class: (eg P1) | <input type="text"/> | Male or Female: | <input type="text"/> |
| Name of 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 collected by: | <input type="text"/> | | |

Garioch Sports Centre is registered with Care Inspectorate No: 2004071741

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. | | |
| 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:

BOOKING FORMS

Monday 14th November -
Tuesday 15th November

| | | Mon 13 th | *Tues 14 th | | | |
|--|-----|-------------------------|---------------------------|--|--|--|
| 7.00am - 1.00pm *Bowling - additional £4.50 | £15 | | | | | |
| 1.00pm - 6.00pm | £14 | | | | | |
| Full Day | £28 | | | | | |

If paying by voucher which provider do you use:

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.

For Office Use Only

PAYMENT
METHOD:

Cash / Chq / CC

Childcare
Voucher

Amount:

£

Staff

Signature: _____

Date: _____

Checked by: _____

Date: _____

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Photocopied