

OCTOBER CAMP BOOKING FORM

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.

If your child attend Breakfast or Out of School Club with us currently, then a tick next to the dates and a name is all that is required on this form – no other information is required unless there is changes to be put on the registration form.

| | | | |
|-----------------------------------|--|------------------------------|--|
| Child's Name: | | Gender: | |
| Date of Birth: | | Age: | |
| Address: | | Post Code: | |
| Name of Parent / Guardian: | | Mr / Mrs / Miss / Ms: | |
| Home Tel No: | | Mobile No: | |
| Work Tel No: | | | |
| Email Address: | | | |

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.

| | | | |
|-----------------------|--|-------------------------------|--|
| 1. Name: | | Relationship to Child: | |
| Mobile Number: | | Full Tel No: | |
| 2. Name: | | Relationship to Child: | |
| Mobile Number: | | Full Tel No: | |

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

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| CONSENT REQUESTS | 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 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. | | |
| I consent to my child having face paint | | |
| I consent to my child being given suncream (Aldi brand) | | |

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.

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

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DATA PROTECTION

In signing this form, you 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 Manager.

TERMS AND CONDITIONS

1. Bookings are **NON-REFUNDABLE** but can be added to the child's account if 48hour notice is given. We also require 48 hours cancelation notice for the session to be non-payable.
2. It is the parent's responsibility to update the centre if there are any changes to this form.
3. 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.
4. Please like the closed group Garioch Sports Centre – out of school club Facebook page for latest updates.
5. By signing this form, I agree to all the terms and conditions.

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.

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

Parents Signature:

Date:

Any changes -

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BOOKING FORM

Monday 14th October – Friday 18th October

| | | Mon 14 th | Tues 15 th | Wed 16 th | Thurs 17 th | Fri 18 th | Week Total |
|-------------------------------|--------|-------------------------|--------------------------|-------------------------|---------------------------|-------------------------|---------------|
| Full day (7am – 6pm) | £36.00 | | | | | | |
| Morning Session (7am – 1pm) | £26.00 | | | | | | |
| Afternoon session (1pm – 6pm) | £23.00 | | | | | | |

Monday 21st October – Friday 25th October

| | | Mon 21 st | Tues 22 nd | Wed 23 rd | Thurs 24 th | Fri 25 th | Week Total |
|-------------------------------|--------|-------------------------|--------------------------|-------------------------|---------------------------|-------------------------|---------------|
| Full day (7am – 6pm) | £36.00 | | | | | | |
| Morning Session (7am – 1pm) | £26.00 | | | | | | |
| Afternoon session (1pm – 6pm) | £23.00 | | | | | | |

Childcare voucher provider -

For Office Use Only

PAYMENT
METHOD:

Cash / Chq / CC

Childcare Voucher

Amount:

£

Staff Signature: _____ Date: _____

Checked by: _____ Date: _____