

SUMMER CAMPS

Primary 1 and up

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"/>			
Post Code:			
<input type="text"/>			
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
- Cancellations will only be accepted via the Cancellation Text Number: 07340641537
- 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.

In signing this form you consent to the Garioch Sports Centre holding the information contained in regards to 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.

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 8th - Friday 12th July 2018		Mon 8th	Tue 9th	Wed 10th	Thu 11th	Fri 12th
7.00am - 1.00pm	£16.00					
1.00pm - 6.00pm	£15.00					
Full day	£30.00					

Monday 15th - Friday 19th July 2018		Mon 15th	Tues 16th	Wed 17th	Thu 18th	Fri 19th
7.00am - 1.00pm	£16.00					
1.00pm - 6.00pm	£15.00					
Full day	£30.00					

Monday 22nd - Friday 26th July 2018		Mon 22nd	Tues 23rd	Wed 24th	Thu 25th	Fri 26th
7.00am - 1.00pm	£16.00					
1.00pm - 6.00pm	£15.00					
Full day	£30.00					

Monday 29th July - Friday 2nd 2018		Mon 29th	Tues 30th	Wed 31st	Thu 1st	Fri 2nd
7.00am - 1.00pm	£16.00					
1.00pm - 6.00pm	£15.00					
Full day	£30.00					

Monday 5th August - Friday 9th August 2018

		Mon 5 th	Tues 6 th	Wed 7 th	Thu 8 th	Fri 9 th
7.00am - 1.00pm	£16.00					
1.00pm - 6.00pm	£15.00					
Full day	£30.00					

Monday 12th - Friday 16th August 2018

		Mon 12 th	Tues 13 th	Wed 14 th	Thu 15 th	Fri 16 th
7.00am - 1.00pm	£16.00					
1.00pm - 6.00pm	£15.00					
Full day	£30.00					

Monday 19th August 2018

		Mon 19 th	Tues	Wed	Thu	Fri
7.00am - 1.00pm	£16.00					
1.00pm - 6.00pm	£15.00					
Full day	£30.00					

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: _____

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