SOUTH KINTYRE SUMMER SPORTS CAMP - CONSENT FORM - CONFIDENTIAL

Information provided by you will be used by Active Schools and its partners for the purposes of the activity programme only. Please read the booking conditions, then complete the form in block capitals. **Please complete one form for each participant**.

Participants Details		Emergency Contact Details					
Surname:		Please provide details of two contacts that can be used					
First Name:		during the timescale of the sessions.					
Date of Birth:		Name of emergency contact:					
Age at time of activity:		Address:					
Address:							
		Telephone: (Home)					
Postcode:		(Work) (Mobile)					
Telephone:		Alternative Emergency Contact					
Mobile:		Name:					
Email:		Telephone: (Home)					
Next of Kin:		(Work) (Mobile)					
Medical Information							
(Please note: LiveArgyll cannot be held responsible for the consequences of non-disclosure of information)							
Does the participant have any medical conditions that may affect their ability to participate in the activity?							
If YES, please give details:							
Please give us some details about your child's additional support needs? (This will help us to plan activities)							
Details:							
Has the participant received a tetanus injection in the past 5 years?							
Is the participant currently taking any medication?							
If YES, please give details including name, dosage and frequency:							
Will the medication be self-administered?							
(Please note: If the participant requires medication during the timescale of the activity but fails to bring it on the activity, they will not be allowed to participate)							
Is the participant allergic to any medication/substance?							
If YES, please give details							
Has the participant suffered from or been in contact with any infectious/contagious disease within the last three months?							
If YES, please give details:							
Name of Doctor:							
		ny Tolonhono:					

Activity	Venue	Code	Date	Time	Age	Cost	Tick
Tennis	Tennis Club	18AS0326CAM	2nd - 4th July	1.00 - 2.00	P1-P3	£7.50	
Tennis	Tennis Club	18AS0327CAM	2nd - 4th July	2.00 - 3.00	P4-P7	£11.25	
Canoeing	Sailing Club	18AS0328CAM	9th - 11th July	10.00 - 12.00	P5 - P7	£15	
Multi-sports	Victoria Hall	18AS0329CAM	9th – 11th July	10.00 - 11.30	P1 - P4	£11.25	
World Cup	AWP	18AS0330CAM	9th – 11th July	1.00 - 2.15	P1 - P3	£7.50	
World Cup	AWP	18AS0331CAM	9th - 11th July	2.30 - 4.00	P4 - P7	£11.25	
Yogido	Aqualibrium	18AS0332CAM	16th – 18th July	9.15 - 9.45	P1 - P3	£3.75	
Yogido	Aqualibrium	18AS0333CAM	16th – 18th July	9.45 - 10.30	P4 – P7	£5.50	
Badminton	Victoria Hall	18AS0334CAM	16th – 18th July	1.00 - 2.00	P1 - P3	£7.50	
Badminton	Victoria Hall	18AS0335CAM	16th – 18th July	2.15 - 3.45	P4 – P7	£11.25	
Multi-sports	Victoria Hall	18AS0336CAM	23rd – 25th July	10.00 - 11.30	P1 - P4	£11.25	
World Cup	AWP	18AS0337CAM	23rd – 25th July	1.00 - 2.15	P1 - P3	£7.50	
World Cup	AWP	18AS0338CAM	23rd – 25th July	2.30 - 4.00	P4 - P7	£11.25	
Golf	Mach GC	18AS0339CAM	30th July – 1st Aug	10.00 - 11.00	P1 - 3	£7.50	
Golf	Mach GC	18AS0340CAM	30th July – 1st Aug	11.00 - 12.30	P4 – P7	£11.25	
Junior Jog	Victoria Hall	18AS0341CAM	30th July – 1st Aug	1.00 - 2.00	P1 - P4	£7.50	
Rookie Lifesaving	Aqualibrium	18AS0342CAM	30th July – 1st Aug	1.00 - 3.00	P4 - P7	£15.00	
Total payment included: £							

Consent:

I consent to my child's participation in the activities undertaken at the South Kintyre Summer Programme from 2nd July to 1st August 2018

To the best of my knowledge my son/daughter is medically fit to participate in the activities. I undertake to notify LiveArgyll in the event of any change in fitness or health that may take place prior to the activities.

My child can swim 50m:

I agree to my son/daughter receiving emergency medical, surgical and dental treatment as considered necessary by the medical authorities present. I understand that if my son's/daughter's behaviour jeopardises their own safety or the safety of others, he/she may be removed from the activity and any additional costs incurred as a result of his/her actions may be recovered from me.

Name of Parent/Guardian:	
Signed:	Date:

Information and Payment

- All bookings and payments MUST be made at the Aqualibrium.
- Your booking is confirmed upon payment and receipt of completed consent form.
- Cheques or postal orders should be made payable to 'Argyll and Bute Council'.
- Photographs may be taken of participants by Active Schools for promotional use.
 No person will be named. If you do not wish to be included, please write to Lindsay Ramsay, Active Schools Primary, Campbeltown Grammar School, Hutcheon Rd, Campbeltown, Argyll, PA28 6SJ.

Please tick one of the following:

I will be collecting my child from the appropriate pick-up point (venue).

My child has my permission to walk home.



