

# MID ARGYLL 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

Surname: .....

First Name: .....

Date of Birth: .....

Age at time of activity: .....

Address:.....

.....

Postcode: .....

Telephone: .....

Mobile:.....

Email: .....

Next of Kin: .....

## Emergency Contact Details

Please provide details of two contacts that can be used during the timescale of the sessions.

Name of emergency contact: .....

Address: .....

.....

Telephone: (Home) .....

(Work) ..... (Mobile) .....

## Alternative Emergency Contact

Name: .....

Telephone: (Home) .....

(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: ..... Name of surgery: .....

Surgery Address: ..... Surgery Telephone: .....

Please note, this booking form is only for Active Schools Activities. Bookings now open

Activity	Code	Date	Week	Time	Cost	Tick
Summer Camp (P1-P7)	18ASO343 MASC	Mon 9th – Fri 13th July	Week 1	FULL	£70	
Summer Camp (P1-P7)	18ASO344 MASC	Mon 9th – Fri 13th July	Week 1	AM	£40	
Summer Camp (P1-P7)	18ASO345 MASC	Mon 9th – Fri 13th July	Week 1	PM	£40	
Summer Camp (P1-P7)	18ASO346 MASC	Mon 9th – Fri 13th July	Week 1	DAY	£17	
Summer Camp (P1-P7)	18ASO347 MASC	Mon 16th – Fri 20th July	Week 2	FULL	£70	
Summer Camp (P1-P7)	18ASO348 MASC	Mon 16th – Fri 20th July	Week 2	AM	£40	
Summer Camp (P1-P7)	18ASO349 MASC	Mon 16th – Fri 20th July	Week 2	PM	£40	
Summer Camp (P1-P7)	18ASO350 MASC	Mon 16th – Fri 20th July	Week 2	DAY	£17	
Summer Camp (P1-P7)	18ASO351 MASC	Mon 23rd – Fri 27th July	Week 3	FULL	£70	
Summer Camp (P1-P7)	18ASO352 MASC	Mon 23rd – Fri 27th July	Week 3	AM	£40	
Summer Camp (P1-P7)	18ASO353 MASC	Mon 23rd – Fri 27th July	Week 3	PM	£40	
Summer Camp (P1-P7)	18ASO354 MASC	Mon 23rd – Fri 27th July	Week 3	DAY	£17	
Total payment included:					£	

**Consent:**

I consent to my child's participation in the activities undertaken at the Mid Argyll Summer Camp between the 9th -27th of July 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.

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.

I agree to my son/daughter having their photographs taken by Active Schools or Live Argyll for promotional use. Pupils will not be named.

Name of Parent/Guardian: .....

Signed: .....

Date: .....

**Drop off and Collection Points**

**PLEASE NOTE:**

- Drop Off and Collection Point for all camps will be the Games Hall at the Mid Argyll Sports Centre.

**Please tick one of the following:**

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

My child has my permission to walk home.

**Information and Payment**

- All bookings and payments MUST be made at Mid Argyll Sports Centre.
- 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 Eilidh MacPherson, Active Schools Coordinator Lochgilphead Joint Campus, Kilmory, Lochgilphead, PA31 8AA
- For queries relating to Active School activities please contact:  
Mid Argyll Sports Centre 01546 603 228 Email MASC@liveargyll.co.uk