

General/Medical Information Form

Name: _____

Please state any relevant medical conditions we need to be aware of and any medication taken.

1 _____

2 _____

Emergency Contacts:

Please provide contact details of two people we could contact in the event of an emergency

Name _____ Relationship _____

Phone _____ Mobile _____

Name _____ Relationship _____

Phone _____ Mobile _____

Photography may be used during the Camp for promotion and publicity purposes. Please tick this box if you **DO NOT** wish your child to be photographed.

Name of parent/guardian:

Signed:

Date:



Summer Multi Sports Camp

Mearns Sports Centre, Laurencekirk

Please return completed forms:
Derek Atkinson, Active Schools Coordinator
Mearns Sports Centre
Aberdeen Road
Laurencekirk
AB30 1AJ

For further details or information please contact:
Derek Atkinson at
derek.atkinson@aberdeenshire.gov.uk
Tel: 07917162071

Sessions for P1- 7



Summer Multi Sports Camp 2008

Venue: Mearns Sports Centre, Laurencekirk

Dates: Monday 21st July - Multi Sports
Tuesday 22nd July - Multi Sports
Wednesday 23rd July - Multi Sports
Thursday 24th July - Multi Sports
Friday 25th July - Multi Sports

Time: **1.00pm – 3.00pm** daily
Children must be collected promptly at 3.00pm each day

Cost: £3.00 per session. Please pay at the beginning of each session.

Clothing: Children should come appropriately dressed for practical sporting sessions.

Refreshments: Please bring a snack and water or non-fizzy drink.

NB Places will be allocated on a first come first served basis.

Aberdeenshire Council's Sports Development team will also be running activities during the summer holidays. For more details on local Outdoor Activity trips, Startrack Athletics sessions, Gymnastics and Trampoline camps, and Disability Sport sessions please visit www.aberdeenshire.gov.uk/sport/holiday or contact Inverurie on 01467 628283.

Application Form Summer Multi Sports Camp

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Date of Birth: _____

Primary Age (eg P1, P2) _____

School: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Pick Up (Please Tick)

I give permission for my child to make his/her own way home

I do not give permission for my child to leave and a parent/guardian will collect them at the end of their class

Closing date for applications Wednesday 16th July 2008