

General/Medical Information Form

Name: _____

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

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 _____

Your details are protected by the Data Protection Act 1998 and will be held in the strictest confidence by the session leader and Active Schools.

Photography may be used during the sessions 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:

Active Schools



Girls in Sport Club

P5, P6 & P7

9 WEEK BLOCK

Bettridge Centre, Newtonhill
Bourtree Hall, Portlethen

Thursdays 4.00-5.00pm
Fridays 4.00-5.00pm

Active Schools – Girls in Sport



Come along to this fun and exciting girls only club. We will have sessions on fitness, aerobics, Salsa Dancing, Hip Hop Dancing and there will be much, much more....

For those of you who register and attend 8 or more sessions then you will get a voucher for a manicure or beauty treatment (to be decided nearer the time).

Venue:	Bettridge Centre, Newtonhill	Bourtree Hall, Portlethen
Day:	Thursdays	Fridays
Dates:	03/05 , 10/05, 17/05, 24/05, 31/05, 07/06, 14/06, 21/06, 28/06	27/04 , 04/05, 11/05, 18/05, 25/05, 01/06, 08/06, 15/06, 22/06
Age Range:	P5, P6 & P7	
Time:	4.00 – 5.00pm Children must be collected on time each day	
Cost:	None - Funded by OSHL	

Clothing: Loose comfortable kit suitable for physical activity (indoor shoes)

How to Book: Complete the application form and return to your school office by **Thursday 26th April**. Unless you hear otherwise assume your child has a place.



“More Kids, More Active, More Often”

Claire Perras

Active Schools Coordinator

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sportscotland

widening opportunities • developing potential • achieving excellence

healthyliving

Application Form Active Schools – Girls in Sport

Bettridge Centre – Thursdays
Bourtree Hall – Fridays



Please complete form in BLOCK CAPITALS

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Age: _____

Class: _____

School: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Class Required (please tick)

Thursday

Friday

Please turn over...