

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 Active Schools.

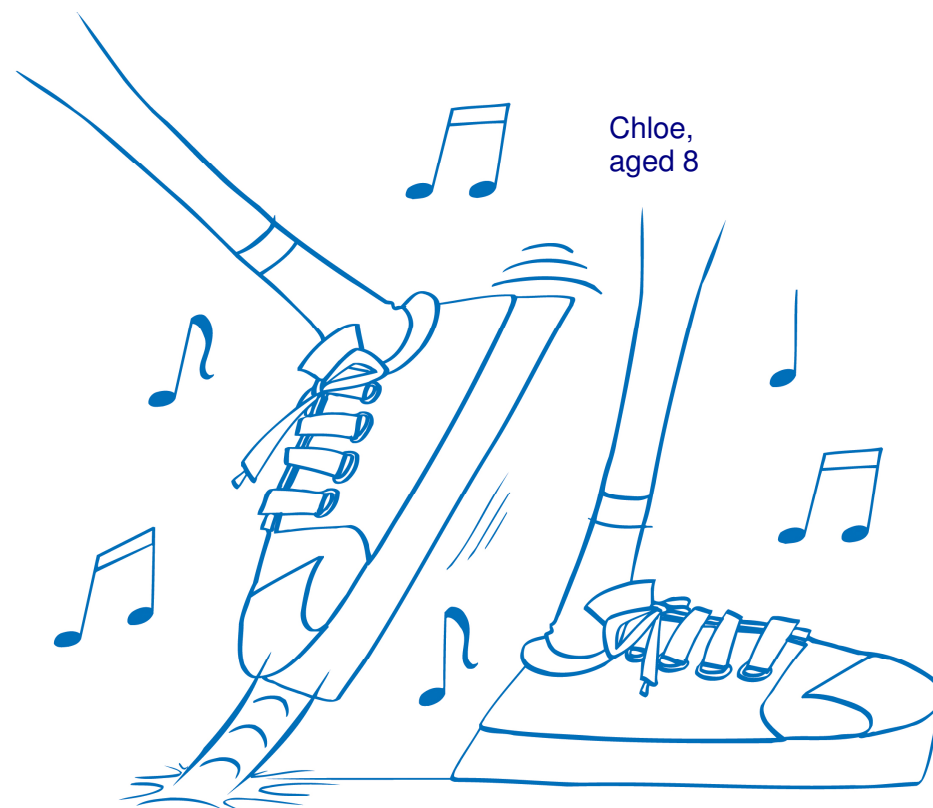
Photography or filming may be used during the sessions for promotion and publicity purposes. Please tick this box if you **DO NOT** wish your child to be photographed.

Name of parent/guardian:

Signed:

Date:

P1-P7 Kidz Be Active Sessions
(Incorporating Zumbatomic)
Elrick Primary School
Wednesday 11th January – 21st March 2012
P4-7 3.20 - 4.20pm & P1-3 4.30 - 5.15pm



Application Form: Elrick Kidz Be Active Jan – Mar 2012

Activity: Kidz Be Active

Venue: Elrick Primary School

Details: **Wednesday 11th Jan – 8th February**
Wednesday 22nd February – 21st March
(No session on 15th February)

Primary 4-7 3.20-4.20pm

Primary 1-3 4.30-5.15pm

The Kidz Be Active programme provides a practical and fun approach to learning and exercise. These after school clubs encourage children to exercise in a fun environment, as well as helping to develop their interaction and communication skills through Team Building Exercises, dance(Zumbatomic), Skipping Games and Parachute Games.

Cost: P1-3 (45 mins per week) **£25 for 10 weeks**
P4-7 (1 hr per week) **£30 for 10 weeks**

Cheques made payable to:
Aberdeenshire Council

Clothing: Comfortable clothing and indoor footwear

Refreshments: Please bring water or non-fizzy drinks.

For Further Information & any queries please contact:

Stuart Glennie, Active Schools Coordinator

Telephone 01224 740111 or

Email: stuart.glennie@aberdeenshire.gov.uk

Applicants Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email Contact:
(for confirmations) _____

Date of Birth: _____

Age/ Class: _____

School: _____

Please state if child will be
collected or will walk home _____

Session applied for P1-3
(please circle) P4-7

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Please return completed form with payment to:

Stuart Glennie

Active Schools Coordinator

Westhill CEC, Hays Way, Westhill, AB32 6XZ

Places are limited and will be treated on a first come basis. Please return applications to above address. Please submit application and cheque in a sealed envelope.