

## 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 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:

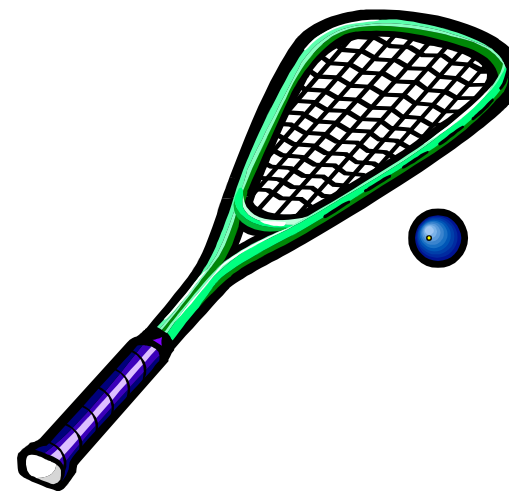
Signed:

Date:



**P4- P7 Squash Lessons**  
**Wednesday's 11<sup>th</sup> Jan – 21<sup>st</sup> Mar**  
**4-5pm & 5-6pm**

THE  
*Peter Nicol*  
SQUASH AND  
FITNESS CENTRE



## Application Form: Squash Nov-Dec 2011

**Activity:** Squash

**Venue:** Peter Nicol Squash and Fitness Centre

**Details:** **Wednesdays 11<sup>th</sup> January – 21<sup>st</sup> March**  
(10 Weeks)  
No Session on 15<sup>th</sup> February

**P4/5 4-5pm**  
**P6/7 5-6pm**

Sessions will take place on the squash courts at the club. Participants will perform skills and practices relevant to the game of squash.

Practices will be adapted to suit the individual ability of each player.

**Cost:** **£30 for 10 week block**

**Clothing:** Change of indoor footwear & loose, comfortable clothing

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

**For Further Information & any queries please contact:**

**Stuart Glennie**, Active Schools Coordinator  
Telephone 01224 740111 or  
E-mail: [stuart.glennie@aberdeenshire.gov.uk](mailto:stuart.glennie@aberdeenshire.gov.uk)

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age/ Class: \_\_\_\_\_

School: \_\_\_\_\_

Please state if child will be collected or will walk home  
\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

***Please return completed form to:***

Stuart Glennie  
Active Schools Coordinator  
Westhill CEC, Hays Way, Westhill, AB32 6XZ

**Please make cheques payable to Aberdeenshire Council.**

**Return applications and payment to:**

**Stuart Glennie**  
**Active Schools Coordinator**  
**Hays Way**  
**Westhill**  
**AB32 6XZ**