

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:

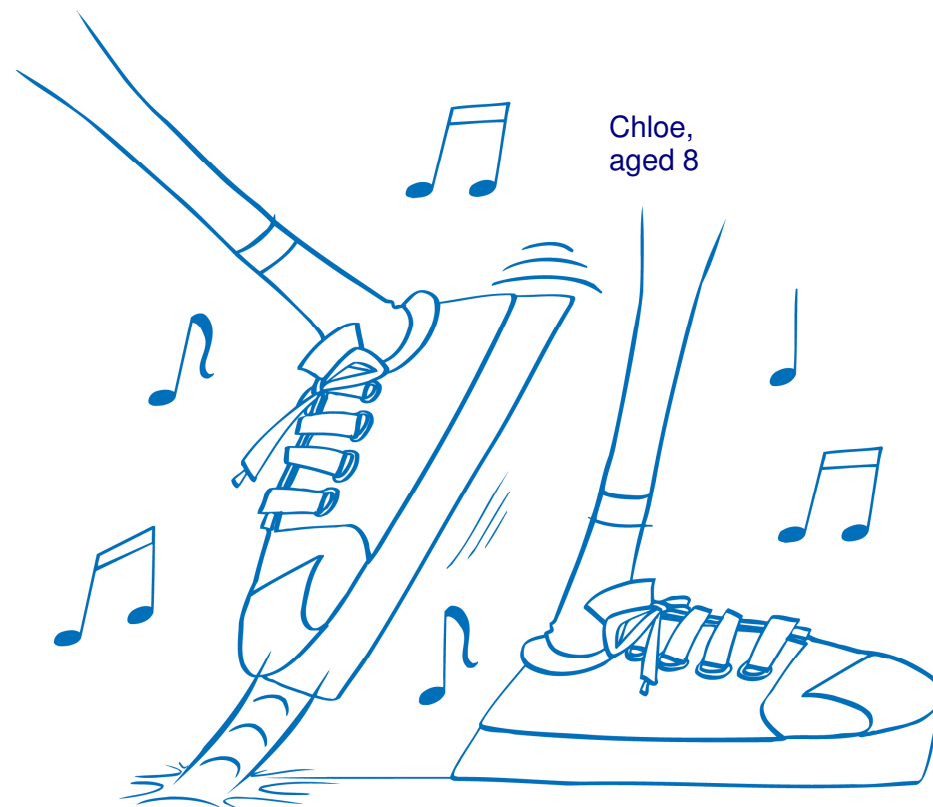
Date:

P1-P7 Kidz Be Active Sessions

Westhill Primary School

Tuesday's 10th January – 20th March 2012

P1-3 3.15 - 4.00pm & P4--7 4.30 - 5.30pm



Activity: Kidz Be Active

Venue: Westhill Primary School

Details: **Tuesday's 10th Jan – 7th Feb (5 weeks)**
Tuesday's 21st Feb – 20th March (5 weeks)
(No session on 14th February)

Primary 1-3 3.15-4.00pm

Primary 1-3 4.30-5.30pm

The Kidz Be Active programme provides a practical and fun approach to learning and exercise. Our after school clubs encourage and get all of the children exercising, but also having fun at the same time, as well as helping to develop their interaction and communication skills through Team Building Exercises, Dance, Skipping Games and Parachute Games which incorporate use of bean bags, hoops, balls and the parachute.

Cost: P1-3 (45 mins per week) **£25.00 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
mail: 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
Cheques made payable to Aberdeenshire Council

Places are limited and will be treated on a first come basis. Please return applications to above address and not to primary school reception. Please submit application and cheque in a closed envelope