

General/Medical Information Form

Childs 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 sessions for promotion and publicity purposes. Please tick this box if you **DO NOT** wish your child to be photographed.

Pick Up (Please Tick)

I give permission for my child make their own way home

I do not give permission for my child to leave and a parent/guardian will collect them no later than 3.00pm

Name of parent/guardian:

Signed: _____ Date: _____



Easter Extravaganza



@ **Mintlaw Academy**



Sessions for P6-S2
10.00am – 3.00pm

Tuesday 25th March 2008

Wednesday 26th March 2008

Thursday 27th March 2008



Easter Extravaganza

Venue: Mintlaw Academy

Dates: Tuesday 25th March 2008
Wednesday 26th March 2008
Thursday 27th March 2008

Time: 10.00am – 3.00pm

Activity: Hockey
Basketball
Skipping (Double Dutch)
Hip Hop Dance

Cost: £5 per session or **£10 for three days.**
Cheques made payable to Aberdeenshire Council

Clothing: Young People should come appropriately dressed for practical sessions. Trainers with non-marking soles.

Refreshments: Please bring a packed lunch
Please bring a bottle of water or non-fizzy drink.

PLEASE RETURN FORMS TO:

Patricia Brown
Active Schools Coordinator (Primary)
Central Buchan Community Centre
Station Road
Mintlaw
AB42 5FN

Closing date for applications Tuesday 11th March 2008

Easter Extravaganza Application Form

Child's Name: _____

Address: _____

Postcode: _____

Telephone: _____

Date of Birth: _____

Age: _____

I enclose payment of: _____
£ _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Select 2 sports for each day:

<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
Hockey <input type="checkbox"/>	Hockey <input type="checkbox"/>	Hockey <input type="checkbox"/>
Basketball <input type="checkbox"/>	Basketball <input type="checkbox"/>	Basketball <input type="checkbox"/>
Skipping <input type="checkbox"/>	Skipping <input type="checkbox"/>	Skipping <input type="checkbox"/>
Hip Hop Dance <input type="checkbox"/>	Hip Hop Dance <input type="checkbox"/>	Hip Hop Dance <input type="checkbox"/>