

Holiday Programme

Application Form

To be completed by parent or guardian – please use a separate form for each child.

Personal Details

Child's name: _____ Age: _____ School attended: _____

Address: _____

Postcode: _____ Home telephone no: _____

email address: _____

Emergency contacts: please give us contact details of two people we could contact during the activity – these **MUST** be people we can easily get hold of.

Name: _____ Name: _____

Tel no: _____ Tel no: _____

Relationship to child: _____ Relationship to child _____

Please give us details of any special needs your child may have, including for example, any disabilities we need to know about, any medication they may need to take, any allergies they may have or any foods they should avoid. If you would like to discuss this further with the staff they will be happy to do so:

Payment

Please complete the information overleaf and send this form, with payment in full to the following:

*Donna Mennie
Inverbervie Sports Centre
Kirkburn
Inverbervie
DD10 0RS*

Holiday Programme

Activity: Write in the name of those you wish to book – see programme for details

Cost: Please write in the price you are paying

Activity	Cost	Activity	Cost	Activity	Cost

Please make cheques payable to Aberdeenshire Council

Total amount payable

Aberdeenshire Council runs a concession scheme for people on a low income. Concession places are half price. If you think you may be eligible please phone 01467 628283 for more information.

If you have a concession card please quote the number here.

Please read the following information carefully and sign to say that you accept it.

Insurance statement

Aberdeenshire Council does not provide cover for the personal accident, illness, loss or damage incurred by participants. Further, the Council's Third Party liability policy will not necessarily indemnify participants in the event of a Third Party being injured solely due to the negligence of the participants. The Council's Third Party liability policy will however meet claims from Third Parties arising from the negligence of the Council or its employees. Participants wishing to obtain cover for personal accident and Third Party liability are advised to contact an insurance company or broker.

Declaration

I confirm that I am the parent/guardian with parental rights and responsibilities for the child named overleaf. I understand the nature of the activities to be undertaken by my child and consider him/her fit to take part. I understand and accept the insurance statement above.

I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child which may include the use of anaesthetics. I also understand that whilst the staff will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

Name of parent/guardian: _____ signed: _____

- Photography/Filming may take place for promotion and publicity purposes. Please tick this box if you do **not** wish to your child to be photographed or filmed.
- Aberdeenshire Council would like to keep your contact details on computer file to help us market classes in future. Please tick this box if you do **not** wish us to retain your contact details.