

# 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:

*Alison Gray  
Mearns Sports Centre  
Aberdeen Rd  
Laurencekirk  
AB30 1AJ*

# 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 & date	Cost	Activity & date	Cost	Activity & date	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.