



SUMMER RUGBY CAMP 2017

7th – 11th August

Drop-off 9:00am – 9:30am

Pick-up 4:00pm – 4:30pm

APPLICATION FORM

Name	D.O.B	School Year	Are you a member? Please circle. YES / NO If applicable, membership no; _____

Home Address:	Alternative Emergency Contact Details:
Home Telephone Number:	Family Doctor and Contact Details:
Mobile Telephone Number:	
Email Address:	

Signature of Parent/Guardian: _____ Date: _____

Please complete this form together with a consent form for each individual child and a cheque made payable to Biggar RFC and return to *Andy Barnett* , development officer, as soon as possible, as places are filled on a first come, first served basis.

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CONSENT FORM

PLEASE RETURN TO ANDY BARNETT AT LEAST ONE WEEK BEFORE THE CAMP

Consent for

Name: _____ Form: _____ D.O.B. ____/____/____

Rugby Camp: 7th August to 11th August

I agree to the above mentioned child taking part in the activities connected with the *Biggar RFC* Camp, under the supervision of *Biggar RFC* staff. This consent form covers all events associated with the above activity, including any visits.

The medical information, the address and telephone number of the child's doctor will be passed to the staff in charge of the activity. The information provided is required for passing to medical professionals in the case of an emergency.

Wherever possible, senior school children are expected to administer their own medication. If you wish to discuss your child's individual circumstances please contact *Andy Barnett* at development.officer@biggarRFC.org.uk or **07834 600337**.

It is important that the activity leader is aware of all medical and other factors which may be relevant for the above activity. Please give details of such information below, including any current medication.

Relevant medical information

(Including details of dosage and timings of any medication they need to take).

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I give permission for my child to be photographed (please tick): Yes No

Signature of Parent/Guardian: _____ Date: _____

Biggar RFC
Hartree Mill, Biggar
ML12 6JJ

ONE CLUB ONE FAMILY