



ONE CLUB
ONE FAMILY

Biggar Rugby Football Club
Hartree Mill, Biggar
ML12 6JJ

EASTER RUGBY/MULTI SPORTS CAMP 2019

P1-S1

Dear Parents/Guardians,

Biggar RFC are running a Easter Rugby/Multi Sports Camp on **10th, 11th and 12th April 2019.**

Drop off at Biggar RFC is from **9.00am -9.30am** and pick up is from **4.00pm until 4.30pm**. The cost of the camp is **£60.00 for Non Members** and **£45.00 for Club Members**.

The nature of the camp is first and foremost to have fun and meet new friends in a rugby environment.

The activities that participants will take part in are: **Rugby, Tag Rugby, Football, Rounders, Athletics, Capture the Flag, Obstacle Course** and many other fun filled games.

The context of the camp will be the following:

- Improve basic athletic skills run throw catch pass
- Improve basic understanding of the games fair play being part of a team
- Improve basic passing, kicking, catching and movement.
- Small sided games

The children need to bring rugby/gym equipment with them: boots, trainers, gum shield, water proof clothing, packed lunch, water bottle and lots of enthusiasm.

Medical

If a child has any medical needs or has any medicine this must be brought to the Camp as well where it will be kept with the first aid officer in a safe area.

Where

Biggar RFC Hartree Mill Biggar ML126JJ

The camp will be a fantastic place for your child to meet new friends in a welcoming and safe environment!

Please find the application form on the Biggar RFC Website under Camps and make all Cheques payable to Biggar RFC and return to Andrew Barnett Rugby Development Officer.

Kind regards,

Andrew Barnett

Rugby Development Officer

INCLUSIVE

COMMUNITY

ACHIEVEMENT

RESPONSIBILITY

ENJOYMENT



EASTER RUGBY/MULTI SPORTS CAMP 2019

10th – 12th April

Drop-off 9:00am – 9:30am

Pick-up 4:00pm – 4:30pm

APPLICATION FORM

Name	D.O.B	School Year

HOW MUCH PAID	£
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<p>Are you a member? Please circle.</p> <p>YES / NO</p> <p>If applicable, membership no;</p> <p>_____</p>

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

If paying by BACS – Account Number: 00291023 Sort Code: 83-16-11

Signature of Parent/Guardian: _____ Date: _____

Method of payment (please circle)

Bacs Cheque Cash

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

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10th – 12th April

Drop-off 9:00am – 9:30am

Pick-up 4:00pm – 4:30pm

CONSENT FORM

PLEASE RETURN TO IONI MCPHERSON AT LEAST ONE WEEK BEFORE THE CAMP

Consent for

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

Rugby/Multi Sports Camp: 10th April to 12th April

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 *Andrew Barnett* at development.officer@biggarrfc.org.uk .or 07834600337

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: _____

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