



ONE CLUB  
ONE FAMILY

Biggar Rugby Football Club  
Hartree Mill, Biggar  
ML12 6JJ

# OCTOBER RUGBY CAMP 2018

## P1-S1

Dear Parents/Guardians,

Biggar RFC are running a October Rugby Camp on **15<sup>th</sup>, 16<sup>th</sup> and 17<sup>th</sup> October 2018.**

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 context of the camp will be the following:

- Improve basic skills
- Improve basic understanding of the game specific to each age group
- Improve basic passing, kicking, catching and movement.
- Small sided games

The children need to bring rugby equipment with them i.e. Boots, 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 get a head start for the new rugby season and 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@ Biggar RFC.

Kind regards,

Andrew Barnett

Rugby Development Officer



# OCTOBER RUGBY CAMP 2018

15<sup>th</sup> – 17<sup>th</sup> October

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

If paying by BACS  Please tick box

Account Number: 00291023 Sort Code: 83-16-11

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# OCTOBER RUGBY CAMP 2018

15<sup>th</sup> – 17<sup>th</sup> October

Drop-off 9:00am – 9:30am

Pick-up 4:00pm – 4:30pm

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

## **CONSENT FORM**

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

Consent for

Name: \_\_\_\_\_ Form: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

### **Rugby Camp: 15<sup>th</sup> October to 17<sup>th</sup> October**

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](mailto:development.officer@biggarrfc.org.uk). 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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