ECCLES RFC

Gorton Street, Peel Green, Eccles, Manchester M30 7LZ

SUMMER MULTI-SPORTS CAMP
Monday to Thursday starting Monday 1st August 2011
11.00 am – 4.00 pm

REGISTRATION FORM

PERSONAL DETAILS	
Name:	Gender: Girl/Boy
Address:	Age:
	Date of Birth:
Postcode:	School:
Tel No:	Email:
Mobile:	

COST PER CHILD:

= £20.00 per week (Half price for second child ie brother/sister)

ARE YOU A MEMBER OF ECCLES RUGBY CLUB? Yes ☐ No ☐

PLEASE INDICATE THE WEEKS YOUR CHILD WILL BE ATTENDING THE CAMP:

1st – 4th August	☐	8th Aug – 11th Aug	☐
15th Aug – 18th Aug	☐	22nd Aug – 25th Aug	☐

Name of Parent/Guardian: _____

Address if different from above:
_____

Post Code: _____ Relationship to child: _____

Emergency Contact tel No: _____

I enclose £_____(cheques made payable to ECCLES RFC COMMUNITY)

Signed: _____ Date: _____

Please return to: Trev Parrott, Community Rugby Coach, 20 Chatsworth Road, Eccles, Manchester M30 9DY.
(Closing date Thursday 14th July 2011 – Limited places).

ECCLES RFC SUMMER CAMP 2011 – CONSENT FORM

I the undersigned, am willing to allow my child …… to take part in everything which has been planned for the above event/activity, **11.00 am till 4.00pm Monday to Thursday on the dates indicated by the registration form**.

As far as I am aware my child has not been in contact with any infectious disease for the last three weeks and is in good health. (Any weakness or disability calling for special care or attention should be mentioned below).

In the event of my child being taken ill or injured during the period of the event/activity to the extent that a surgical operation or serum injection becomes necessary I authorise the course organiser/authorised assistant to sign on my behalf any forms of consent required by hospital authorities provided the delay required to obtain my own signature might be considered likely, in the opinion of the doctor or surgeon concerned, to endanger my child's health or safety.

I agree that ground rules will be made with children and should my child abscond from the group and not rejoin, I will be informed and the police contacted. I understand that at this point the child no longer becomes the responsibility of the **ECCLES RFC COURSE /CAMP ORGANISERS and COACHES**, as they are needed to organise other children in the group.

I understand that the organisers of the activities are not allowed and cannot be responsible for the administering of prescribed medication.

Parents Please Take Special Note: All expensive items of clothing, jewellery, cameras etc are the sole responsibility of the owner and the course personnel are under instruction not to be responsible for their safekeeping on behalf of Eccles RFC. Parents are strongly advised not to allow children to bring such items to the activities.

MEDICAL INFORMATION:

- My child has / has not* been actively immunised against tetanus. **(*Please delete where appropriate)**
- My child is / is not* sensitive to penicillin.
- Does your child have any disability or weakness that the Eccles RFC coaching team should be aware of? **Yes** ☐ **No** ☐

PHOTOGRAPH/VIDEO IMAGES:
Does the parent, guardian or carer give permission for us to take images of your child for the purpose of publicity? **Yes** ☐ **No** ☐

MEDIA IMAGES:
Does the parent, guardian or carer give permission for us to take images of your child for the purpose of publicity on the internet? **Yes** ☐ **No** ☐

Name of Parent/Guardian: _____ **Name of Child:** _____

Address: _____

Post Code: _____ **Relationship to child:** _____

Emergency Contact: _____ **Tel:** _____

Signed: _____ Date: _____