



HUNTINGDON



● GYMNASTICS CLUB

Welcome to this year's Summer Recreational Gymnastics Camp!

Summer camp is designed for children aged 5 to 12 years of age, with the week spent in the gym and in classroom based activities. The camp runs from 9am to 12 noon. You can drop off your child at 8:45am for the 9am start.

Thank you for booking with us and we hope that your child has fun and learns new skills during the week with us.

There are a few things you need to do and this leaflet contains all the information on how to complete your booking with us. We do need you to complete the registration form (even if you are a member here) so we can contact you swiftly in the unlikely event of something happening, Please complete and return this as soon as possible.

We look forward to seeing you!

Adam Scott, Gymnastics Programme Manager

Sue Besant, Office Manager



Huntingdon Gymnastics Club

Recreational Summer Camp 2018

Emergency Contacts, Medical and Important Information for Parents

THE FOLLOWING INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE AND USED FOR ADMINISTRATION PURPOSES ONLY.

| | | | | | |
|--|--|---------------------|--|---------------|--|
| Gymnast Name | | Age | | Date of Birth | |
| Parent/Carer name | | | | | |
| Address | | | | | |
| Home telephone number (inc code) | | | | | |
| Mobile | | | | | |
| If parent/carers can be contacted at work, please give telephone numbers | | | | | |
| Name | | phone no (inc code) | | | |
| Name | | phone no (inc code) | | | |

| <u>Emergency Contact numbers</u> | | | | |
|---|--|------------|---------------------|--|
| Relative (R) or neighbour (N) that could help contact Parent/Carer quickly in case of emergency (please state relationship using the above code beside each name) | | | | |
| Name | | R/N | Phone No (inc code) | |
| Name | | R/N | Phone No (inc code) | |
| Doctors name | | NHS number | | |
| Surgery Address & Phone number: | | | | |
| Please provide further information regarding medical conditions that may be relevant e.g Allergies, asthma, diabetes, epilepsy etc | | | | |
| | | | | |

I consent to my child receiving medical treatment in the event of an emergency

| | | | |
|--------|--|-------|--|
| Signed | | Dated | |
|--------|--|-------|--|

Please return this form to the office.

In the event of an emergency every possible effort will be made to contact you.

We request that you agree to allow your child to receive emergency medical treatment if the situation arises.

It is important for you to understand that a doctor will decide upon such a decision. If you do not agree it will not necessarily bar your child from attention, but we would be grateful if you would discuss this matter with your head coach.

Finally we would advise you and your child not to bring valuable items or large amounts of money to Summer Camp, our insurance does not cover these items and any loss would be at your own risk.

Please return this form to the gym as soon as you can, no later than **30th May**. It is important that we have the correct details for your child and attendance may not be allowed if this form is not returned.

Thank you and we look forward to another great year!

Adam Scott

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