



I wish to book the following camp/s (please tick as appropriate - one form per child):

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                       |                          |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|--------------------------|
| 11 - 15 July                                                                    | Pipes & Drums Course (Residential) Ages 10-16 £275<br>Payment Ref: PD22R                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                       | <input type="checkbox"/> |
| 12 - 15 July                                                                    | Pipes & Drums Course (0915 - 1615 Tue-Fri) Ages 10-16 £175<br>Payment Ref: PD22                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                       | <input type="checkbox"/> |
| Participant's Surname                                                           | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     | First Name                                                              | <input type="text"/>  |                          |
| Date of Birth                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Current School                                                          | <input type="text"/>  |                          |
| Instruments Played                                                              | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     | T-Shirt Size<br>(please indicate the size required for the participant) | Youth: 7/8 9/11 12/13 |                          |
|                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         | Adult: S M L          |                          |
| Parent's Surname                                                                | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     | First Name                                                              | <input type="text"/>  |                          |
| Address (inc Postcode)                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                       |                          |
| IN CASE OF EMERGENCY, PLEASE GIVE AT LEAST ONE LAND LINE AND ONE MOBILE NUMBER: |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                       |                          |
| Home Telephone                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mobile 1                                                                | <input type="text"/>  |                          |
| Work Telephone                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mobile 2                                                                | <input type="text"/>  |                          |
| Contact Email                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                       |                          |
| Alternative Email                                                               | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                       |                          |
| Medical Conditions affecting participation / Medications Taken                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                       |                          |
| Special Dietary or Rooming Requirements                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                       |                          |
| Cheque Payment is enclosed                                                      | Cheques to be made out to <b>Strathallan School (Camps)</b> ensuring the appropriate camp reference (see above) and the participant's name is written on the reverse.                                                                                                                                                                                                                                                                                    |                                                                         |                       | <input type="checkbox"/> |
| Payment has been made by BACS                                                   | Bank details: <b>Sort Code 82-67-11 Account Number 90535061</b> Please ensure the appropriate camp reference (see above) and participant's name is attached to this payment.                                                                                                                                                                                                                                                                             |                                                                         |                       | <input type="checkbox"/> |
| Declaration                                                                     | By signing below, I confirm I wish to make this booking and that I have read, understood and agree to abide by, the <b>Terms &amp; Conditions for Participation in Strathallan Camps</b> (below). I further confirm that I have provided all relevant medical information and give my permission for this and all other information contained on this booking form, to be held by the School, Coaches and Leaders for the purposes of running the camps. |                                                                         |                       |                          |
| Signature                                                                       | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                       |                          |
| Name                                                                            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                                                    | <input type="text"/>  |                          |

### Terms & Conditions for Participation in Strathallan Camps

#### 1. Parental Authority

The parent/s authorise/s the coaches while in loco parentis to take and/or to authorise, in good faith, all decisions that safeguard and promote the welfare of the participant. The parent/s consent/s to such physical contact with the participant as may be lawful, appropriate and proper for coaching and to provide comfort if the participant is in distress, or to maintain safety and good order. The parent/s also consent/s to medical treatment, including general anaesthetic and operation, under NHS or at a private hospital, when a Doctor certifies this as necessary for the welfare of the participant and if the Parent/s or Guardian/s cannot be contacted in time.

#### 2. Conduct

Strathallan School attaches importance to courtesy, manners and good discipline. The coaches are responsible for the care and good discipline of participants while they are on the Strathallan campus (and not under the control of a parent or guardian). The parent/s however, authorise/s the use of such physical restraint and encouragement for the participant as may be legal, appropriate and proper in any particular circumstance, to maintain good discipline and good order.



It is a condition of remaining on the camp that the parent/s and the participant accept the Camp regime, the maintenance of good order, discipline and courtesy towards the coaches and fellow attendees. Should a participant be removed from the camp because of unacceptable behaviour or significant breach of good conduct, the parent/s accept/s that no refund will be made.

**3. Injury & Insurance**

The parent/s accept/s that no claim may be made against Strathallan School, or any coach, for injury or loss, unless this specifically results from an act of omission or negligence on the part of the School or coach. The parent/s must ensure/s that they take out personal injury and third party liability insurance on behalf of the participant.

**4. Protective Equipment**

Mouth guards are compulsory for playing hockey and rugby and shin guards are compulsory for playing hockey. Use of items such as head/shoulder protection is at the discretion of parents and must be in accordance with the sport's rules. It is compulsory for swim caps must be worn in the pool.

**5. Photographs & Video**

Photographs and video of participants taking part in a Strathallan camp may be used in the closing awards ceremony, social media, printed publication, website, advertisement or promotional article in the news media. A selection of photographs may be held on our secure servers for historical archive purposes. Our school photographer may be in attendance on each day of the camp.

**6. Payments**

Payment must be made at the time of booking by cheque or BACS. The place is not deemed to be confirmed until this payment is received.

**7. Cancellation**

In the event that you wish to cancel the place on the camp, a refund will be made in the amount of the cost of camp, minus an administration charge of £25 (plus any non-refundable deposit previous paid) subject to the cancellation notification being received by Strathallan School, in writing, at least 30 days prior to the start of the camp. Any cancellations made within 30 days of the start of camp will be refunded only if the places is filled. The £25 administration fee will be deducted from any such refund.

**8. Covid-19**

The provision of sports camps will be subject to the prevailing government guidelines and participants should not attend if they are displaying (or have in the last 14 days displayed) any symptoms such as a persistent cough, a high temperature or a loss or change in sense of taste or smell. Temperature checks will be carried out on arrival each day and parents must not leave until this has been carried out. Strathallan School reserves the right to insist a participant is removed from the camp should he/she start to display any symptom of covid-19.

**Data Protection\*\***

Strathallan School will hold the data included in this form for the purposes of running the camps in accordance with current data protection regulations. Medical information contained herein will be passed to the coaching team for the duration of the camp. All sensitive data will be destroyed thereafter.

**DATA PROTECTION CONSENT - TO BE COMPLETED BY PARENT IF CHILD IS UNDER 12 YEARS OF AGE AT TIME OF CAMP**

I agree to the School using photographs and/or video of my child who is under 12 years of age for the purposes stated in 5. above. ☐

I do not agree to the School using photographs and/or video of my child who is under 12 years of age for the purposes stated in 5. above. ☐

I agree to the School holding my information for the purposes of running the camp, as set out above \*\*. ☐

I do not agree to the School holding my data for the purposes of running the camp, as set out above \*\*. ☐

Parent's Name: ..... Parent's Signature: .....

**DATA PROTECTION CONSENT - TO BE COMPLETED BY PARTICIPANT IF AGED 12 OR OVER**

I agree to the School using photographs and/or video of me for the purposes stated in 5. above. ☐

I do not agree to the School using photographs and/or video of me for the purposes stated in 5. above. ☐

I agree to the School holding my data for the purpose of running the camp, as set out above \*\*. ☐

I do not agree to the School holding my data for the purpose of running the camp, as set out above \*\*. ☐

Participant's Name: ..... Participant's Signature: .....



PARENTS - WE WOULD LIKE TO KEEP YOU INFORMED OF FUTURE CAMPS & EVENTS AT STRATHALLAN

Please tick the appropriate box below to indicate the information you wish to receive:

SPORTS & ACTIVITIES CAMPS YES ☐ NO ☐

SCHOLARSHIPS YES ☐ NO ☐

OPEN DAYS YES ☐ NO ☐

STRATHHALLAN SCHOOL E-NEWSLETTER & UPDATES YES ☐ NO ☐

PROSPECTUS YES ☐ NO ☐

SCHOOL TOUR YES ☐ NO ☐

I agree to the School holding the contact information, as shown on this form, for the purposes indicated above.

Parent's

Name: .....Signature: .....

Parent's

\*\*Please note that you can change permissions at any time by emailing [t.pattinson@strathallan.co.uk](mailto:t.pattinson@strathallan.co.uk)

Please return completed form, along with payment, to Carlos Silva, Commercial Operations Assistant  
Strathallan School, Forgandenny, Perth PH2 9EG or email to [comopsassistant@strathallan.co.uk](mailto:comopsassistant@strathallan.co.uk)