

# Summer Adventures Camp 2025 Booking Form

I wish to book the following camp/s (please tick as appropriate - one form per child):									
21 - 25 July	Adventures Camp (0900-1630) Boys & Girls Ages 4-7 (£180 inc. VAT) £45 per day   £180 for the full week Payment Ref: SAC25								
Participant's Surname	First Name								
D of B & School Year	Current School								
T-Shirt Size (please indicate the size required for the participant)	Youth:         7/8         9/11         12/13         Position/s Played           Adult:         S         M         L         Club / Team								
Preferred Activities									
Parent's Surname	First Name								
Address (inc Postcode)									
IN CASE OF EMERGENCY, PI	LEASE GIVE AT LEAST ONE LAND LINE AND ONE MOBILE NUMBER:								
Home Telephone	Mobile 1								
Work Telephone	Mobile 2								
Contact Email									
Alternative Email									
Medical Conditions affecting participation / Medications Taken									
Special Dietary		$\neg$							
Special Dietary Requirements or Any Additional Needs									
Requirements or Any	Bank details: Virgin Money Sort Code 82-67-11 Account Number 90535061 Please ensure the appropriate camp reference (see above) and participant's name is attached to this payment. Please note: We do not accept cheques.								
Requirements or Any Additional Needs  Payment has been made by	appropriate camp reference (see above) and participant's name is attached to this payment.	ve							
Requirements or Any Additional Needs  Payment has been made by BACS	appropriate camp reference (see above) and participant's name is attached to this payment.  Please note: We do not accept cheques.  By signing below, I confirm I wish to make this booking and that I have read, understood and agree to abide by the Terms & Conditions for Participation in Strathallan Sports Camps (below). I further confirm that I have provided all relevant medical information and give my permission for this and all other information containe	ve							

## Terms & Conditions for Participation in Strathallan Sports 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.



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## 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. We also strongly advise that you are covered by insurance in event of having to cancel attendance at camp due to injury or illness.

## 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 and governing regulations.

PLEASE NOTE It is compulsory for swim caps to be worn in the pool and these must be brought to camp.

### 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.

### 6. Payments

Payment must be made in full at the time of booking. Payments should be made by BACS (see bank details above). The place is not deemed to be confirmed until this payment is received.

#### 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 in the amount of 10% of the price of camp, subject to the cancellation notification being received by Strathallan School, in writing, at least 31 days prior to the start of the camp. Cancellations made between 30 and 8 days before the start of camp will be refunded only if the place can be filled. The 10% administration charge will be deducted from any such refund. Cancellations within 7 days of the start of camp will not be eligible for refund.

### 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

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		gphotographs and/or vio					es 🗆	No □ No □
Parent's Name:			Parent's Signature:					
DATA PROTECT	ION CON	SENT - TO BE COMPLE	TED BY PARTICIPANT	' IF AGEI	12 OR OVER			
		photographs and/or viong my data for the purp				Yes □ Yes □	No [ No [	
Participant's Name:			Participant's Signature:					
PARENTS - WE	WOULD I	JKE TO KEEP YOU INFO	ORMED OF FUTURE C	AMPS &	EVENTS AT STRATI	HALLAN	<u>]</u>	
Please tick the ap	propriat	e box below to indicate t	the information you wi	sh to rec	eive:			
SPORTS & ACTI	VITIES CA	AMPS YES □ NO □						
SCHOLARSHIPS	YES □	NO □	OPEN DAYS	YES □	NO □			
PROSPECTUS	YES □	NO □	SCHOOL TOUR	YES □	NO □			
STRATHALLAN S	SCHOOL I	- S-NEWSLETTER & UPDA	TES	YES □	NO □			
I agree to the Schabove.	nool holdi	ng the contact informat	ion, as shown on this fo	orm, for c	communication purp	oses inc	licate	d
Name:			Signature:					
	Please no	e that you can change peri	missions at any time by er	nailing t.p	attinson@strathallan.co	o.uk		