Ganaway Weekend 24th-26th June 2016

Dear parent/ guardian,

We plan to hold a youth weekend at the Ganaway Activity Centre just outside Millisle from 24th to 26th June 2016. This event will be open to all member of Templemore Swimming Club between the ages of 8 and 17 years old.

Spaces are limited and those wishing to go are advised to complete the attached application form (one form per child) and return it to one of our coaches as soon as possible along with £20 deposit. The price for the weekend is £138 and will include accommodation, meals and all activities. The children will take part in seven fully supervised activities over the course of the weekend. As all activities will be onsite there should be no need for additional spending.

Our club is organising the event and providing additional onsite supervision throughout the duration of the weekend. Trained staff from the centre will supervise individual activities and Ganaway will also provide the meals. Those attending will need to be dropped off at the Ganaway Activity Centre on Friday 24th June around 6pm and collected on Sunday 26th June after lunchtime. Further details will be sent once deposits are received and places confirmed.

We hope as many young people as possible from the club will be able to enjoy this special event and look forward to updating you with more information soon.

Yours sincerely,

Gary Craig

TASC Committee
Mobile 07767788455
garyjamescraig@gmail.com

TEMPLEMORE ASC

Application, Medical Information & Consent Form

To be completed by parents/ guardians of all members under 18

Organiser TEMPLEMORE ASC

Main contact: Gary Craig, garyjamescraig@gmail.com, mobile 07767 788455

Young Person's Details

Member's Full Name _____

Address_____

_____Postcode_____

Date of Birth _____ Age on 24th June 2016 _____

Parent/ Guardian Contact Details

Parent/ Guardian name _____

Email address _____

Day time phone number _____

Mobile phone number _____

Home phone number _____

1. Does your child have any specific medical conditions requiring medical treatment or medication? Yes/No

   If so, please give details, including dosage and frequency of medication;

_____

_____

2. What type of pain relief (if any) may be given to your child if considered necessary?

_____

_____

3. Does your child suffer from asthma, Yes/No 3b. If so, is s/he registered with TASC as asthmatic? Yes/No

4. Does your child take any medication for asthma? Yes/No

   If so, please give details

_____

_____

5. Does your child have an up to date tetanus vaccination? Yes/No

6. Does your child have any food, drug or other allergies? Yes/No

   If so, please give details

_____

_____

7. Does your child suffer from any disabilities (physical, visual, hearing or learning) or recognised behavioural problems that could affect their behaviour when training or in competition? Yes/No

   If so, please give details

_____

_____

8. Does your child have any specific dietary needs? Yes/No

_____

_____

9. Has your child been in contact with any contagious or infectious disease or suffered from anything in the last 4 weeks that may be infectious? Yes/No

   If so, please give details

_____

_____

Is there any other information that the organisers need to be aware of?

   If so, please give details

_____

_____

GP Contact Details

GPs name _____ GP Address_____

GP Phone number _____

Parent/Guardian Declaration

1. I have reviewed the details of the activities which may be undertaken (available at Ganaway.co.uk) and give consent for my child to take part in any of the activities indicated. I have not been informed by any medical practitioner that participation by my child in such activities would be dangerous.
2. To the best of my knowledge, the information given above is complete and accurate
3. I undertake to keep Templemore ASC informed of any changes that may arise in relation to the above information.
4. It may be necessary, in an emergency, for the team staff to have the necessary authority to obtain any urgent treatment which may be required. By signing the declaration below, I am giving consent for any medical or surgical treatment recommended by competent medical authorities to be administered, where it would be contrary to my child's interest for any delay to be incurred by seeking my personal consent.
5. I am aware of Templemore ASC rules and code of conduct and acknowledge that my child must obey these conditions at all times. Failure to do so may result in sanctions being applied. In the event that such action involvers expense, I accept responsibility to meet any such costs incurred.
6. I am aware that the information declared may be retained by Templemore ASC, in paper form and stored on the computer. Copies will only be made available to those persons who will be responsible for supervising my child but confidentiality of the information will be respected at all times.

The full amount for the weekend is £138 per person. I enclose £20.00 /or £_____non-refundable deposit and agree to pay the balance before 31st May 2016.

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____