

PLEASE KEEP THIS COPY



Thank you for choosing to send your child to the Heartbeat of Sport Rugby Camp.

The Camp will run as follows:

WEEK 1		
Wednesday 2 <sup>nd</sup> August	Thursday 3 <sup>rd</sup> August	Friday 4 <sup>th</sup> August
£12.50	£12.50	£12.50
ALL 3 DAYS DISCOUNTED AT £30		
WEEK 2		
Wednesday 9 <sup>th</sup> August	Thursday 10 <sup>th</sup> August	Friday 11 <sup>th</sup> August
£12.50	£12.50	£12.50
ALL 3 DAYS DISCOUNTED AT £30		

**Location:**

BRONTE FIELD, WHIN MOUNT, NORMANTON, WF6 1PQ

**Timetable:**

9AM	MEET @ CLUBHOUSE
9AM-9.15AM	INTRO AND REGISTER
9.30AM-12PM	FIELD
12PM-12.30PM	LUNCH & NUTRITIONAL EDUCATION
12.30PM- 2.50PM	FIELD - GAMES
3PM	PICK UP FROM CLUB HOUSE

Please note: timings are approximate

- Please fill in and sign your child's medical information/consent form and send back to the address at the bottom or via email.
- Children who do not have a form returned will not be accounted for.
- Please do not collect your child without the knowledge of a member of staff. We are responsible for your child's welfare whilst in our care, and need to make accounts for children arriving and leaving.
- Please remember to send any medical apparatus which may be needed throughout the day.
- Payment can be made on the day via cash or cheque. Please make cheques payable to **Heartbeat of Sport**
- **Please send your child with a nutritious packed lunch on each day and plenty of water.**

If you have any questions or require more information please contact Tony on **07904246514** or email [tony.tonks@heartbeatofsport.org](mailto:tony.tonks@heartbeatofsport.org)

**All proceeds of the camp will be donated to Heartbeat of Sport.**

REGISTERED CHARITY NUMBER: 1156794.

REGISTERED ADDRESS: 11 SNYDALE ROAD, NORMANTON, WEST YORKSHIRE, WF6 1NT

**Emergency Contact and Medical information**

Child's Name:							sex	M	F	
Parent's/Guardian's Name:				Childs D.O.B	D	D	M	M	Y	Y
Contact number:										
Work phone:										
Email:										
Home address:										
Post code:										

**Alternative contact information**

Contact Name:	Relationship to child:
Contact number:	
Work phone:	
Email:	
Home address:	
Post code:	

**Medical Information**

Please give details of an medical condition that may affect your child during physical activity, i.e. Asthma

Please give details of items needed due to medical conditions .i.e. inhaler

I authorise all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.  
**This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.**  
**Please initial if filling out electronically. Signature will be asked for on the day of the camp.**

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child to participate in physical activity. I release Heartbeat of Sport, Tony Tonks and all attending Coaches and individuals from liability in case of accident during activities related to Heartbeat of Sport Rugby Camp, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I require  
*(tick all that apply)*

Week 1	<b>PAYMENT CAN BE MADE ON THE DAY VIA CASH OR CHEQUE.PLEASE                  MAKE CHEQUES PAYABLE TO <i>HEARTBEAT OF SPORT</i></b>
Week 2	

**Please return this form to:**  
 HEARTBEAT OF SPORT, 255B QUEEN ELIZABETH DRIVE, NORMANTON, WEST YORKSHIRE, WF6 1NT OR  
 GEMMA.TONKS@HEARTBEATOFSPORT.ORG