

ACTIVE SCHOOLS MAY LIKE TO TAKE PHOTOGRAPHS / MAKE A VIDEO / WEBCAM RECORDING OF THE ABOVE NAMED PARTICIPANT INVOLVED IN THE ACTIVITY.

THESE IMAGES MAY APPEAR IN OUR PRINTED PUBLICATIONS OR ON OUR WEBSITE.

TO COMPLY WITH THE DATA PROTECTION ACT 1998, PERMISSION MUST BE GRANTED BY THE PARENT / GUARDIAN BEFORE ANY IMAGES OF THE NAMED PARTICIPANT ARE TAKEN AND USED, PLEASE ANSWER QUESTION 1 AND 2 BELOW, THEN SIGN AND DATE THE FORM.

1. MAY WE USE THE NAMED PARTICIPANT'S IMAGE IN OUR PRINTED PROMOTIONAL PUBLICATIONS? * YES / NO
2. MAY WE USE THE NAMED PARTICIPANT'S IMAGE ON OUR WEBSITE? * YES / NO

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies

I HAVE READ AND UNDERSTOOD THE CONDITIONS FOR USING THESE IMAGES DETAILED BELOW

SIGNED

RELATIONSHIP TO PARTICIPANT

DATE

CONDITIONS OF USE OF IMAGES

- Active schools will not include details or full names (which means first name and surname) of any person in an image on our website, or in printed publications, without good reason and only with your expressed consent.
- Active Schools will not include personal email or postal addresses, or telephone or fax numbers on our website or in printed publications. Contact details will be used only for the purpose of informing and communicating with the addressee.
- Active Schools may use images with very general labels, such as "young people enjoying sport."
- We will only use images of participants who are suitably dressed; to reduce the risk of such images being used inappropriately e.g. we will not publish material from a swimming activity.
- Your consent is valid for 2 YEARS from the date of signing. It will automatically expire after this time.
- Youth Services will not re-use any images after this time.

PARENTAL / GUARDIAN DECLARATION

I hereby authorise the participant referred to on this form to attend and participate in the named activities. I agree to the named participant receiving emergency medical treatment as considered necessary by the medical authorities present.

SIGNED * PARENT / GUARDIAN DATE

For further information contact: Andrew Mitchell on 07788495898



JUNIOR ATHLETICS

SUMMER HOLIDAY PROGRAMME

Open to P5-S6

12th – 15th July &

19th – 22nd July

10am-2pm



Linwood On-X – Athletics Track

The Active Schools team in partnership with Kilbarchan athletics club are holding a junior athletics programme open to P5-S6 pupils where athletes can come and try a whole range of different Olympic events!

Your child will receive specialist athletics training each day from experienced coaching staff in running, jumping and throwing.

Please ensure your child wears appropriate outdoor clothing, has a healthy snack and plenty of water. All Sessions will be outdoors unless there are extreme weather conditions so make sure you bring enough warm clothing.

This programme will run for 2 weeks over the summer holidays.

Week 1 Tuesday 12th – Friday 15th July

Week 2 Tuesday 19th – Friday 22nd July

Costs are as follows –

Full Week £18 or £6 per day

Full week for all 2nd child bookings £12 or £4 per day

Full week for all 3rd child bookings £9 or £3 per day

Full week for families on Income support or full working credit £12 or £4 per day

Booking Procedure

Please tick / highlight which days you are attending

Week 1	Tues	Weds	Thurs	Fri
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week 2	Tues	Weds	Thurs	Fri
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Text either or email Donnie or Andrew to book your place (details below)
2. Fill in this consent form and return it to either your school office, Active schools coordinator, or bring along on the day.
3. Payment in cash or cheques should be made payable to Renfrewshire Leisure

Donnie Wood
School sport competition
07506 935571

Donnie.wood@renfrewshire.gov.uk

Andrew Mitchell
Active schools coordinator
07788495898

Andrew.mitchell@renfrewshire.gov.uk

JUNIOR ATHLETICS PARENTAL CONSENT FORM

<p><u>PARTICIPANT INFORMATION</u></p> <p>NAME</p> <p>ADDRESS</p> <p>..... POSTCODE</p> <p>SCHOOL</p> <p>PHONE NUMBER</p> <p>E-MAIL</p> <p>DATE OF BIRTH.....</p>	<p>MEDICAL INFORMATION Does the participant suffer from any condition requiring medical treatment, including medication? * YES / NO</p> <p>If YES please give details</p> <p>.....</p> <p>.....</p> <p>Please provide details of any medication that maybe required during the outing (all medication must be labelled correctly and clearly with name and dose)</p> <p>.....</p> <p>.....</p> <p>To your knowledge is the participant currently on any medication? * YES / NO</p> <p>If YES please give details</p> <p>.....</p> <p>.....</p> <p>Is the participant disabled within the terms of the Disability Discrimination Act 1995? (*Please note that a disability under the Act is either a mental or physical impairment and can include hidden conditions (e.g. asthma, epilepsy, diabetes etc) that is likely to last 12 months and affects everyday activities e.g. memory, mobility, speech, continence, concentration)* YES / NO</p> <p>If YES please give details</p> <p>.....</p> <p>.....</p> <p>Is the participant allergic to any medication/ foodstuffs/ materials? * YES / NO</p> <p>If YES please give details</p> <p>.....</p> <p>.....</p> <p>Has the participant received an anti-tetanus injection in the last five years? * YES / NO</p> <p>If YES what year?</p>
<p><u>EMERGENCY CONTACT</u></p> <p>NAME</p> <p>RELATIONSHIP TO PARTICIPANT</p> <p>.....</p> <p>ADDRESS</p> <p>.....</p> <p>PHONE NUMBER</p> <p>MOBILE NUMBER</p>	
<p>DOCTOR'S DETAILS (in case of emergency)</p> <p>NAME.....</p> <p>ADDRESS.....</p> <p>.....</p> <p>PHONE NUMBER</p>	