



SUMMER SCHEME APPLICATION- RECREATION

**£52 PER CHILD + £6 Insurance for non-members.
£31.20 PER CHILD FOR WEEK 2- 3 DAYS ONLY**

Please complete the form below and return to the office with full payment.

Is your child a current member? If so please state your current class day and time:.....

Please state what summer scheme week you would like below:

- Week 1: Mon 4th – Fri 8th July 12.30-2.30 £52.00
- Week 2: Wed 13th – Fri 15th July 12.30-2.30 £31.20
- Week 3: Mon 18th – Fri 22rd July 12.30-2.30 £52.00
- Week 4: Mon 25th – Fri 29th July 12.30-2.30 £52.00
- Week 5: Mon 1st – Fri 5th Aug 12.30-2.30 £52.00
- Week 6: Mon 8th – Fri 12th Aug 12.30-2.30 £52.00
- Week 7: Mon 15th – Fri 19th Aug 12.30-2.30 £52.00

Child's Name:.....

D.O.B:.....

PLEASE WRITE IN BLOCK CAPITALS

Address:.....Postcode.....
.....

Home Phone Number:.....

Mobile Phone Number:.....

Please give full details of any medical conditions or disabilities we should be aware of:
.....
.....

Can we apply a plaster to your child if needs be? YES/ NO

Please read the following Child Policy below with your child and sign to show you understand and agree to the rules of this policy.

Code for Children belonging to: City of Lisburn Salto NGC 2011

To keep you safe while you are involved in gymnastics we would ask that you;

- Tell someone you trust if something happens that:
 - You know is not right
 - Something that makes you feel lonely, unhappy, ashamed or scared.
- Never let anyone do things for you that you can do for yourself.
- Never keep secrets which you know shouldn't be kept.
- Make sure that your parent or whoever looks after you collects you on time and from inside the gym building.
- Don't take a lift home unless your parents/guardian know about it and only when there are two people in the car as well as you.
- Don't use bad language or get involved in 'horseplay' when in the gym.

PARENTAL CONSENT

I confirm my child is physically fit and healthy and I will undertake to advise you of any change. I consider him/her capable of taking part in gymnastics. I have completed the section on medical details and give consent that in the event of any illness/ accident any necessary treatment can be administered. I confirm that I have read through the participant's code of conduct with my child and they understand and agree to abide by the rules.

In signing this agreement I declare that I am aware of the element of risk involved and while I accept that the coaches and centre personnel will take precautions to prevent accidents, I understand that they may not be held responsible for loss, damage or injury to my child.

Signed (Parent/Guardian)

Date.....

All information will be kept strictly confidential in compliance with the Data Protection Act 1994 and 1998.