

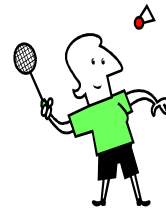
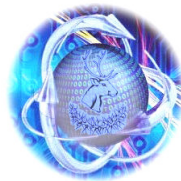
SUMMER ACTIVE FUN



For 9—14 year olds



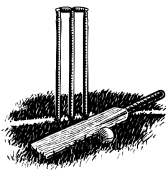
FANTASTIC SUMMER OF SPORT



MONDAY 25th — FRIDAY 29th JULY 2011

MONDAY 1st—FRIDAY 5th AUGUST 2011

9.00am — 3.00pm



At

Furze Platt Senior School



Due to the popularity of last year's summer camp we are, once again, offering two weeks of fun and activity at Furze Platt Senior School. Young people get to make friends with others their age, interact positively with younger and older students and learn from our skilled instructors.



We are offering a fabulous opportunity for 9 to 14 year olds to enjoy go-karting, fencing, martial arts, raft building, orienteering, dance, climbing, football, tennis, swimming, cricket, bell boats, basketball, badminton and much, much more.

This activity fortnight can be tailored to meet your child's needs. They can enrol for one or both weeks.

The cost will be £85 per week. £100 to include raft building and go-karting or bell boats and climbing — this has limited availability so do book early!



Concessions are available for students on free school meals.

If you would like to take advantage of this exciting opportunity, please complete the attached slip and return with £10 deposit to Mrs Gill Lowe at Furze Platt Senior School .

Participants will need to bring a packed lunch.



Please detach and complete this form and the OA4 form on reverse and return to Mrs G. Lowe at Furze Platt Senior School, Furze Platt Road, Maidenhead, Berkshire, SL6 7NQ, with £10 deposit per child per week (non-refundable). Please make cheques payable to Furze Platt Senior School. Balance due 1st July 2011.

Name of Student:

Age: **Gender:**

Address:

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Postcode:

Tel. No:

Name of Current School:

Dates required (please tick) :

Monday 25th July — Friday 29th July 2011

With go-karting and rafting (limited availability)

Monday 1st August—Friday 5th August 2011

With bell boats and climbing (limited availability)

Are you in receipt of free school meals?

Signature of parent/guardian:

Where did you see this advert:.....

OA4 Off-Site Activity Medical and Consent Form



ORGANISATION:

NAME of participant: _____ **male/female**

Important: This form must be completed by the parent/guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

Address of Participant: _____ Telephone No. (inc. STD): _____

Post Code: _____ Date of Birth: _____

Emergency Contact DURING PERIOD OF ACTIVITY

Name: _____

Address: _____ Tel. No: _____

Alternative Tel. No: _____

Post Code: _____ Relationship to Participant: _____

DOCTORS name: Address: Post Code:	Telephone No. (inc. STD)	Details of last Tetanus injection date: OR, have you had one in the last 10 years? YES / NO
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Please give details of any medical conditions/disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc.

Please give current treatment including medication.

Details of any special dietary requirements.

STATEMENT

I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT/ACTIVITY TO.....AND CONSENT TO THE ABOVE PERSON PARTICIPATING.

I have ensured that my child/ I understand(s) the information for their/my safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the Leader of any changes in the fitness of the participant/myself prior to the date of departure.

I accept full financial responsibility if they/I have to return home before the end of the trip because of inappropriate behaviour.

I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.

Signed: _____ Parent/Guardian/Participant

Date. _____