

Harrogate RUFC Ltd

SPORTS SUMMER CAMP 2019



MOVING FORWARD
Together

WEEK ONE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	ALL WEEK
Monday 5th August— 9th August						
Standard Hours 10.00am—3pm	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£100.00 <input type="checkbox"/>
Additional Hours 08.30am—5pm	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£140.00 <input type="checkbox"/>
WEEK TWO	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	ALL WEEK
Monday 12th August—16th August						
Standard Hours 10.00am—3pm	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£100.00 <input type="checkbox"/>
Additional Hours 08.30am—5pm	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£140.00 <input type="checkbox"/>
WEEK THREE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	ALL WEEK
Monday 19th August—23rd August						
Standard Hours 10.00am—3pm	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£25.00 <input type="checkbox"/>	£100.00 <input type="checkbox"/>
Additional Hours 08.30am—5pm	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£35.00 <input type="checkbox"/>	£140.00 <input type="checkbox"/>
PAYMENT	Debit/ Credit Card <input type="checkbox"/> Please call 01423 815420		BACS <input type="checkbox"/> Account No. 36343005 Sort Code: 53-50-21		Cheque <input type="checkbox"/> (Payable to HRUFC Ltd)	
Total Amount Payable £ _____ Extra Hours for Members & Partners FOC when booking for a full week						

Details of Child attending Camp	Address:
First Name:	
Last Name:	
Nickname:	Postcode:
Contact No:	School Attended:
Email:	Date of Birth: / /
Childs medical history including childhood illnesses which influence daily care. To include allergies, asthma and any other medical condition	
Doctors Name and Surgery	Doctors Telephone Number.

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EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Name:	Name:
Relationship:	Relationship:
Home Telephone:	Home Telephone:
Mobile Telephone:	Mobile Telephone:
Comment:	Comment:
Permissions	
I consent to any emergency medical treatment necessary, and authorise staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.	<p style="text-align: center;">YES NO OTHER</p>
I agree to my child being photographed by staff for publicity and display	<p style="text-align: center;">YES NO OTHER</p>
I consent to the sun cream I have provided being applied to my child, if required.	<p style="text-align: center;">YES NO OTHER</p>
Signature:	Full Name:
<p style="text-align: center;">CHILDREN WILL REQUIRE THE FOLLOWING:</p> <p style="text-align: center;">PACKED LUNCHES SUN PROTECTION INCLUDING HATS WET WEATHER GEAR APPROPRIATE SPORTS CLOTHING AND SHOES</p>	<p style="text-align: center;">WATER WILL BE PROVIDED</p> <p style="text-align: center;">LUNCH WILL NOT BE PROVIDED</p>
OFFICE USE ONLY: PAYMENT RECEIVED: SPREADSHEET UPDATED:	<p style="text-align: center;">OUR PRIVACY AND SAFEGUARDING POLICIES ARE AVAILABLE AT WWW.HARROGATERUGBY.COM</p>