

Dear Parent

CRICKET CAMP 2010

The Galleon is running a Cricket Camp during the first week of the Easter holidays, for children in P4 to S1.

The camp will provide opportunities for children to develop their cricketing skills in a fun and enjoyable environment, enabling our children to enhance their skill levels prior to the 2010 cricket season. Each child participating on the course will receive a gift.

It runs from 9.00am–12.30pm and costs £60 for members of *The Galleon* and £75 per week for non-members. A £5 reduction per additional child, will be given to each family with two or more children attending the camp. Spaces will be filled on a first come, first served basis. Payment can either be by cheque made payable to 'George Watson's College' or using Child Care Vouchers (CCVs) for children up to the age of 16.

The camp will be held at the School PE block, as there are suitable indoor and outdoor facilities.

Activities – Skill drills and practices will be played as well as modified games according to age, level and ability.

Refreshments – Soft drinks will be provided at break times. Each child must provide their own plastic bottle and snacks for break times.

Clothing / Equipment – Children are asked to wear appropriate clothing and please remember some warm clothes, as it may be quite cold! Please ensure all personal belongings are named.

Staffing – Children will be split into groups according to their age and experience, as much as is possible. The ratio of staff to children will be 2:18. Coaches will either be playing or will have played cricket at a high level.

If you would like your child/children to attend Cricket Camp, please complete the application form and a consent form for each child and return to *The Galleon* office along with a cheque made payable to 'George Watson's College' (unless paying with CCVs). Spaces will be filled on a first come, first served basis.

If you have any questions please do not hesitate to contact me on 0131 446 6066 or email galleon@gwc.org.uk.

Yours faithfully

Richard Snedden
on behalf of the Galleon Club

APPLICATION FORM

I would like my child / children to attend <i>The Galleon</i> Cricket Camp				
Name	D.O.B	Class 09/10	Membership No.	Position(s) if known

I wish to pay with Child Care Vouchers (CCVs) (please tick, if applicable) Amount £

Emergency Contact Details

Home Address	Alternative Emergency Contact Details
Home Telephone Number	Family Doctor and Contact Details
Mobile Telephone Number	
Email address (for confirmation of camp)	

Signature of Parent/Guardian: _____ Date: _____

Please complete this form together with a **consent form for each individual child** and a cheque made payable to 'George Watson's College' (unless paying with CCVs) and return to *The Galleon* office as soon as possible, as places are filled on a first come, first served basis.

CONSENT FORM

PLEASE RETURN TO THE GALLEON OFFICE AT LEAST ONE WEEK BEFORE THE CAMP

Consent for

Name: _____ Form: _____ D.O.B. ____/____/____

I agree to the above mentioned child taking part in the activities connected with *The Galleon Cricket Camp*, under the supervision of *The Galleon* staff, as authorised by the Principal. This consent form covers all events associated with the above activity, including any visits.

The medical information, the address and telephone number of the child's doctor will be passed to the staff in charge of the activity. The information provided is required for passing to medical professionals in the case of an emergency.

Wherever possible, Senior School children are expected to administer their own medication. If you wish to discuss your child's individual circumstances please contact *The Galleon* Office on 0131 446 6066.

It is important that the activity leader is aware of all medical and other factors which may be relevant for the above activity. Please give details of such information below, including any current medication. It is also important that you advise of any special dietary requirements eg food allergies, vegetarian, coeliac etc.

Relevant medical information

(including details of dosage and timings of any medication they need to take).

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I give permission for my child to be photographed: Yes No

Signature of Parent/Guardian: _____ Date: _____