



Summer School 2019

29 July – 2 August

Dear Parent

PIPES & DRUMS SUMMER SCHOOL 2019

The Piping and Drumming Summer School will take place on the first week of August, Monday 29 July – Friday 2 August. The Summer School will run from 10am-4pm daily (drop-off from 9.50am/pick-up at 4pm). Please note that there will be no staff supervision until 9.50am. This camp is open to GWC pupils who are studying pipes, drums, chanter and stick & pad in school. It will be held in the Music School.

During the week pipers and drummers of all levels (including chanter/stick & pad) will receive quality tuition at a suitable pace, on an individual and group basis covering instrument maintenance, music theory and practical work with the emphasis on fun.

On the afternoon of the final day, we will stage a concert at which all pupils will be encouraged to perform for their family and friends before receiving a certificate for their efforts.

The total cost for the above is £169. Payment can either be through your 'Extras' account or by Child Care Vouchers (CCVs) for GWC pupils up to the age of 16.

Places will be allocated on a first come, first served basis, therefore if you would like to register your child please complete and return the application and consent form(s) to Mrs Simpson, Music School PA or to any pipe band teacher.

If you have any questions please do not hesitate to contact us on 0131 446 6075 or email i.simpson@gwc.org.uk or m.oneill@gwc.org.uk.

Yours faithfully

Mr Iain Simpson
Pipe Major

Mr Michael O'Neill
Drum Major



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APPLICATION FORM

I would like my child / children to attend
Pipes & Drums Summer School as a:

Piper Drummer Tenor Drummer

Name	D.O.B	Class 2018/19

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

I authorise you to pay the amount from my 'Extras' account (please tick) Amount £

Emergency Contact Details (if different from term time)

Home Address	Alternative Emergency Contact Details
Home Telephone Number	Family Doctor and Contact Details
Mobile Telephone Number	
Preferred email Address	

Signature of Parent/Guardian: _____ Date: _____

Please return to Mrs Simpson, Music School PA, or to your child's pipe band teacher, as soon as possible.



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CONSENT FORM FOR SUMMER SCHOOL

PLEASE COMPLETE AND RETURN WITH YOUR APPLICATION FORM

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

Activity: Pipes & Drums Summer School
Staff in Charge: Iain Simpson/Michael O'Neill
Location: George Watson's College Music School

I agree to the above mentioned pupil taking part in the activities connected with the George Watson's College Pipes and Drums Summer School, under the supervision of Iain Simpson, Michael O'Neill and their staff, as authorised by the Principal. This consent form covers all events associated with the above activity.

The medical information, the address and telephone number of the pupil'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 pupils are expected to administer their own medication. If you wish to discuss your child's individual circumstances please contact Iain Simpson or Michael O'Neill on 0131 446 6075.

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 e.g. 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 also agree to GWC staff administering the following medicine(s) according to recommended dosages (please circle):

Paracetamol(for pain relief):	Yes	No	Initial: _____
Piriton(for allergic reactions):	Yes	No	Initial: _____
Ibuprofen Gel (for minor sprains/strains)	Yes	No	Initial: _____

- I agree to my children travelling independently home from Summer School
 I will collect my child / will arrange for my child to be collected

Signature of Parent/Guardian: _____ Date: _____