



Garnock Rugby Club Easter Academy 14-15th April 2016

Garnock RC will be running its annual Rugby Academy on **14-15th April at Lochshore** for all registered and non-registered players. Fully qualified coaches will be available for every age group up to U16s.

The cost: £10 per day

Times:

Thursday	14 th	All age groups P1-U16
Friday	15 th	P4-U16 only

Please deliver your child at 09:45 to begin at 10:00 prompt, and collect them promptly at 14:00.

Sustenance: We will stop for a short lunch break and the club will supply water and some fruit; please ensure your child brings any additional food and drink you feel they may require (sandwiches, etc.)

Clothing: Please ensure your child is adequately dressed for the conditions. Water proof gear is essential if the conditions are wet. A change of clothes might be advisable. Please make sure all items are identifiable / clearly labelled – the club cannot accept responsibility for mislaid or missing items.

Registration: We can register players on the day but it will help the coaches if players are pre-registered. Please complete the attached Registration / Medical form and return to a Garnock Coach along with your payment by **SUNDAY 10th APRIL**. ***The club cannot admit players to the Academy without signed Medical and Registration form from a parent or guardian.***



Medical Details	
Player's Name:	Date of Birth:
Does your child suffer from any medical condition that requires treatment including medication? If YES, please provide brief details	YES/NO
To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered from anything in the last four weeks which may be, or become, contagious or infectious? If YES, please provide details	YES/NO
Is your child allergic to any medication? If YES, please provide details	YES/NO
Has your child received a Tetanus injection in the last five years?	YES/NO
Does your child have any special dietary requirements? If YES, please provide details	YES/NO

Registration:

	Primary Contact	Alternate Contact	Family Doctor
Parent / Guardian Name:			
Address:			
Home Tel No.			
Mobile Tel No.			
Work Tel No.			

Declaration:

I agree to my child receiving emergency medical treatment, including anaesthetic, if considered necessary by the medical authorities present.

I undertake to inform the organizers as soon as possible of any changes in the medical circumstances of my child.

Signed:

Date: