



*I wish to book the following camp/s (please tick as appropriate - one form per child):*

<b>9-11 April</b>	"Beginner" Golf Camp (0900-1700 Wed-Fri) Ages 8-16 (£195 + VAT) <b>£234</b> Payment Ref: EBG24	<input type="checkbox"/>
-------------------	---	--------------------------

<b>14-16 April</b>	"Intermediate/Advanced" Golf Camp (0900-1700 Mon-Wed) Ages 10-16 (£315 + VAT) <b>£378</b> Payment Ref: EAG24 (Handicap less than 16)	<input type="checkbox"/>
--------------------	---	--------------------------

Participant's Surname		<b>First Name</b>	
Date of Birth		<b>Current School</b>	
T-Shirt Size <i>(please indicate the size required for the participant)</i>	<b>Youth:</b> 7/8 9/11 12/13	<b>Position/s Played</b>	
	<b>Adult:</b> S M L	<b>Club / Team</b>	
Preferred Sports* <i>(sports activity week only)</i>			
Level of Swimming Competency			
Parent's Surname		<b>First Name</b>	
Address <i>(inc Postcode)</i>			

**IN CASE OF EMERGENCY, PLEASE GIVE AT LEAST ONE LAND LINE AND ONE MOBILE NUMBER:**

Home Telephone		<b>Mobile 1</b>	
Work Telephone		<b>Mobile 2</b>	

Contact Email

Alternative Email

Medical Conditions affecting participation / Medications Taken

Special Dietary or Rooming Requirements

Payment has been made by BACS	Bank details: <b>Virgin Money Sort Code 82-67-11 Account Number 90535061</b> Please ensure the appropriate camp reference (see above) and participant's name is attached to this payment.
-------------------------------	---

**Declaration**  
*By signing below, I confirm I wish to make this booking and that I have read, understood and agree to abide by, the Terms & Conditions for Participation in Strathallan Sports Camps (below). I further confirm that I have provided all relevant medical information and give my permission for this and all other information contained on this booking form, to be held by the School, Coaches and Leaders for the purposes of running the camps.*

Signature

Name		<b>Date</b>	
------	--	-------------	--

**Terms & Conditions for Participation in Strathallan Sports Camps**

**1. Parental Authority**

The parent/s authorise/s the coaches while in loco parentis to take and/or to authorise, in good faith, all decisions that safeguard and promote the welfare of the participant. The parent/s consent/s to such physical contact with the participant as may be lawful, appropriate and proper for coaching and to provide comfort if the participant is in distress, or to maintain safety and good order. The parent/s also consent/s to medical treatment, including general anaesthetic and operation, under NHS or at a private hospital, when a Doctor certifies this as necessary for the welfare of the participant and if the Parent/s or Guardian/s cannot be contacted in time.

**2. Conduct**

Strathallan School attaches importance to courtesy, manners and good discipline. The coaches are responsible for the care and good discipline of participants while they are on the Strathallan campus (and not under the control of a parent or guardian). The parent/s however, authorise/s the use of such physical restraint and encouragement for the participant as may be legal, appropriate and proper in any particular circumstance, to maintain good discipline and good order. It is a condition of remaining on the camp that the parent/s and the participant accept the Camp regime, the maintenance of good order, discipline and courtesy towards the coaches and fellow attendees. Should a participant be removed from the camp because of unacceptable behaviour or significant breach of good conduct, the parent/s accept/s that no refund will be made.

\*Delete as appropriate



**3. Injury & Insurance**

The parent/s accept/s that no claim may be made against Strathallan School, or any coach, for injury or loss, unless this specifically results from an act of omission or negligence on the part of the School or coach. The parent/s must ensure/s that they take out personal injury and third party liability insurance on behalf of the participant. We also strongly advise that you are covered by insurance in event of having to cancel attendance at camp due to injury or illness.

**4. Protective Equipment**

Mouth guards are compulsory for playing hockey and rugby and shin guards are compulsory for playing hockey. Use of items such as head/shoulder protection is at the discretion of parents and must be in accordance with the sport's rules and governing regulations.  
PLEASE NOTE It is compulsory for swim caps to be worn in the pool and these must be brought to camp.

**5. Photographs & Video**

Photographs and video of participants taking part in a Strathallan camp may be used in the closing awards ceremony, social media, printed publication, website, advertisement or promotional article in the news media. A selection of photographs may be held on our secure servers for historical archive purposes.

**6. Payments**

Payment must be made in full at the time of booking. Payments should be made by BACS (see bank details above). The place is not deemed to be confirmed until this payment is received.

**7. Cancellation**

In the event that you wish to cancel the place on the camp, a refund will be made in the amount of the cost of camp, minus an administration charge in the amount of 10% of the camp cost (plus any non-refundable deposit previous paid) subject to the cancellation notification being received by Strathallan School, in writing, at least 31 days prior to the start of the camp. Any cancellations made between 30 and 8 days before the start of camp will be refunded only if the place can be filled. The 10% administration charge will be deducted from any such refund. Cancellations within 7 days of the start of camp will not be eligible for refund.

**Data Protection\*\***

Strathallan School will hold the data included in this form for the purposes of running the camps in accordance with current data protection regulations. Medical information contained herein will be passed to the coaching team for the duration of the camp. All sensitive data will be destroyed thereafter.

**DATA PROTECTION CONSENT - TO BE COMPLETED BY PARENT IF CHILD IS UNDER 12 YEARS OF AGE AT TIME OF CAMP**

- I agree to the School using photographs and/or video of my child who is under 12 years of age for the purposes stated in 5. above.
- I do not agree to the School using photographs and/or video of my child who is under 12 years of age for the purposes stated in 5. above.
- I agree to the School holding my information for the purposes of running the camp, as set out above \*\*.
- I do not agree to the School holding my data for the purposes of running the camp, as set out above \*\*.

Parent's Name: ..... Parent's Signature: .....

**DATA PROTECTION CONSENT - TO BE COMPLETED BY PARTICIPANT IF AGED 12 OR OVER**

- I agree to the School using photographs and/or video of me for the purposes stated in 5. above.
- I do not agree to the School using photographs and/or video of me for the purposes stated in 5. above.
- I agree to the School holding my data for the purpose of running the camp, as set out above \*\*.
- I do not agree to the School holding my data for the purpose of running the camp, as set out above \*\*.

Participant's Name: ..... Participant's Signature: .....

\*Delete as appropriate



PARENTS - WE WOULD LIKE TO KEEP YOU INFORMED OF FUTURE CAMPS & EVENTS AT STRATHALLAN

Please tick the appropriate box below to indicate the information you wish to receive:

SPORTS & ACTIVITIES CAMPS YES  NO

SCHOLARSHIPS YES  NO  OPEN DAYS YES  NO

STRATHHALLAN SCHOOL E-NEWSLETTER & UPDATES YES  NO

PROSPECTUS YES  NO  SCHOOL TOUR YES  NO

I agree to the School holding the contact information, as shown on this form, for the purposes indicated above.

Parent's Name: ..... Parent's Signature: .....

\*\*Please note that you can change permissions at any time by emailing [t.pattinson@strathallan.co.uk](mailto:t.pattinson@strathallan.co.uk)

Please return completed form, along with payment, to Carlos Silva, Commercial Operations Assistant  
Strathallan School, Forgandenny, Perth PH2 9EG or email to [c.silva@strathallan.co.uk](mailto:c.silva@strathallan.co.uk)