

MEDICAL DETAILS (Please complete as appropriate)

Doctor's Name: Dr: _____ Telephone: _____

Has your child had a tetanus injection in the last 10 years? Yes / No

In your child's interest it is important that we know whether s/he suffers from any illness or medical condition. Please use the following space to state, in confidence, any health or other matters concerning your child about which we should be aware e.g. allergies. Please also indicate if your child is receiving any medication, with details and dosage and any specific dietary requirements.

JUNIOR ELKS Marketing

Please tell us how / where you heard about the JUNIOR ELKS programme:

Direct Mail Local Press
 Friend / Family Member University Web Site

Other (Please specify) _____

May we contact you about other JUNIOR ELKS activities and events by mail or email?

Yes No

Completed application forms should be returned with the appropriate payment to:

Sports Development Assistant
 University of Ulster, Sports Centre, Coleraine campus
 Cromore Road, Coleraine
 BT52 1SA

Tel: (028) 7012 3263

Email: sport@ulster.ac.uk and quote: 'Junior Elks Camps 2011 Coleraine'.

Official Office Use Only:

Amount Paid _____ Receipt No. _____ Date _____

University of Ulster Sports Facilities

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JUNIOR ELKS CAMPS 2011

Welcome to the University of Ulster JUNIOR ELKS Camp programme for 2011 at the Coleraine campus. The programme includes Camps that will be held during the Easter, summer and Halloween holiday periods. There are a wide range of activities to choose from so we hope you will find something to enjoy and benefit from. Each Camp will be planned and delivered by appropriately qualified coaches to ensure a top quality experience for all involved.

To make things easier and better value for you, we are operating a price reduction for the second or any additional children applying. This applies for family members or friends, providing the applications are received together. It is important to make sure that one form is completed for each child to ensure that we have the relevant medical and emergency contact details. If you need more application forms please just contact Sports Centre Reception or go online to the home page at www.sportsulster.com where you will be able to access a printable PDF version of this brochure. This web site will also give details of the Camp programme on our Jordanstown and Magee campuses should you be planning to be in those areas over the holidays.

N.B. Current members of the Junior Elks Programme are entitled to 10% off the cost of their JUNIOR ELKS Camp fees so please complete your Application Form accordingly.

All Camps are open to boys and girls. Each participant will receive JUNIOR ELKS Camp goodies and a certificate of attendance. Confirmation of your place on the course and further details will be sent to participants on receipt of applications and appropriate fees. All courses will be filled on a first come first served basis so please apply early to avoid disappointment.

Watch local press and our web site at www.sportsulster.com for details of any further camps as they are announced including our JUNIOR ELKS Disability Camp.

We hope your children will enjoy their Elks Camp experience and we look forward to seeing you soon.

JUNIOR ELKS CAMPS 2011

EASTER

CODE	CAMP	AGE	TIME	VENUE	DATE	COST	JUNIOR ELKS MEMBERS
EC1	Multi Skills	5 – 10	10:00 - 15:00	Sports Hall	20 Apr - 22 Apr	£40 1 st Child, £35 2 nd Child +	£36 1 st Child, £31.50 2 nd Child +
EC2	Hockey	7 – 15	10:00 - 15:00	Astro Turf Pitch	20 Apr - 22 Apr	£40 1 st Child, £35 2 nd Child +	£36 1 st Child, £31.50 2 nd Child +
EC3	Soccer	5 – 12	10:00 - 15:00	Grass Pitch	20 Apr - 22 Apr	£40 1 st Child, £35 2 nd Child +	£36 1 st Child, £31.50 2 nd Child +
EC4	Canoeing	13 – 17	18:30 - 20:30	Water Sports Centre	20 Apr - 21 Apr	£20 1 st Child, £15 2 nd Child +	£18 1 st Child, £13.50 2 nd Child +
EC5	Canoeing	13 – 17	18:30 - 20:30	Water Sports Centre	26 Apr - 27 Apr	£20 1 st Child, £15 2 nd Child +	£18 1 st Child, £13.50 2 nd Child +

SUMMER

CODE	CAMP	AGE	TIME	VENUE	DATE	COST	JUNIOR ELKS MEMBERS
SC1	Multi Skills	5 – 10	10:00 - 15:00	Sports Hall	27 July - 29 July	£40 1 st Child, £35 2 nd Child +	£36 1 st Child, £31.50 2 nd Child +
SC2	Hockey	7 – 15	10:00 - 15:00	Astro Turf Pitch	1 Aug - 5 Aug	£65 1 st Child, £60 2 nd Child +	£58.50 1 st Child, £54 2 nd Child +
SC3	Soccer *	5 - 8	10:00 - 15:00	Grass Pitch	3 Aug - 5 Aug	£50 1 st Child, £45 2 nd Child +	£45 1 st Child, £41.50 2 nd Child +
SC4	Soccer *	9 - 12	10:00 - 15:00	Grass Pitch	8 Aug - 12 Aug	£75 1 st Child, £70 2 nd Child +	£67.50 1 st Child, £63 2 nd Child +
SC5	Hockey	7 - 15	10:00 - 15:00	Astro Turf Pitch	15 Aug - 19 Aug	£65 1 st Child, £60 2 nd Child +	£58.50 1 st Child, £54 2 nd Child +

* **NB** These camps include within the fee a branded T-shirt, Shorts and Socks.

HALLOWEEN

CODE	CAMP	AGE	TIME	VENUE	DATE	COST	JUNIOR ELKS MEMBERS
HC1	Multi Skills	5 – 10	10:00 - 15:00	Sports Hall	31 Oct - 1 Nov	£30 1 st Child, £25 2 nd Child +	£27 1 st Child, £22.50 2 nd Child +

Please complete as appropriate using one form per child.

_____ (child's name) would like to attend the following JUNIOR ELKS Camps;

S/he is a JUNIOR ELKS Member Yes No Membership No. _____

Camp Reference Number	Price	Junior Elks at 10% off	1 st Child	2 nd + Child
_____	£ _____	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	£ _____	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	£ _____	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total	£ _____	£ _____		

JUNIOR ELKS Camps are open to boys and girls. All Camps will be filled on a first come first served basis so apply early to avoid disappointment.

Parent/Guardian: _____

Home Address: _____

Post Code: _____

Email: _____

Home Tel: _____ Mobile: _____

School: _____

Date Of Birth: _____ Age: _____

Please give the names & contact telephone numbers of two people who may be contacted in case of an emergency:

Name: _____ Name: _____

Tel No: _____ (H) Tel No: _____ (H)

Tel No: _____ (M) Tel No: _____ (M)

I give permission for _____ (**insert name**) to take part in the JUNIOR ELKS Camps identified above. I know of no reason, medical or otherwise why s/he should not undertake the sports and activities involved. I have completed the medical details below and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I understand that every possible effort will be made to contact me first. I also understand that while coaches and staff will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

I am willing to let my child participate in any official media coverage required.

I am willing to let my child's name and date of birth be forwarded to Sport NI as part of their Active Communities Programme monitoring participation in sport.

I have enclosed £ _____ to cover the cost of the selected JUNIOR ELKS Camp(s). **NB** Please do not send cash. Cheques should be made payable to the University of Ulster.

Signed: _____ (Parent/Guardian) Date: _____