**SUMMER RUGBY CAMP 2019**



ONE CLUB

ONE FAMILY

Biggar Rugby Football Club

Hartree Mill, Biggar

ML12 6JJ

**P1-S6**

Dear Parents/Guardians,

Biggar RFC are running a Summer Rugby Camp from **5th to 9th August 2019.**

Drop off at Biggar RFC is from **9.00am -9.30am** and pick up is from **4.00pm until 4.30pm**. The cost of the camp is **£100.00 for Non Members** and **£80.00 for Club Members.**

The nature of the camp is first and foremost to have fun and meet new friends in a rugby environment.

The context of the camp will be the following:

* Improve fitness for the start of the new season
* Improve skills
* Understanding of the game
* Improve passing, kicking, catching, breakdown technique, scrummaging, lineout lifting and jumping
* Strength and Conditioning sessions (S3 onwards)
* Athletic Ability Assessments (P6-S2)
* Speed Agility Quickness
* Controlled small sided games

The children need to bring rugby/gym equipment with them: boots, trainers, gum shield, water proof clothing, packed lunch, water bottle, sun cream and lots of enthusiasm.

Medical

If a child has any medical needs or has any medicine this must be brought to the camp, where it will be kept with the first aid officer in a safe area.

Where

Biggar Rugby Football Club, Hartree Mill, Biggar, ML126JJ

The camp will be a fantastic place for your child to meet new friends in a welcoming and safe environment!

Please find the application form on the Biggar RFC Website and make all Cheques payable to Biggar RFC and return to Ioni McPherson, Modern Apprentice Biggar RFC.

Kind regards,

Andy Barnett

Biggar RFC Development Officer

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| PARENTS FEEDBACK ON PREVIOUS CAMPS |
| * *“My son attends and loves all the rugby camps. Huge thanks to all who make these camps possible”* * *“Friendly age related training with coaches who make it fun”* * *“Sign-in, sign-out at the beginning and end of each day – organised and simple”* * *“Well laid out with BRFC coaches on hand”* * *“Lovely friendly faces met each morning”* |

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**P1-S6**

**5th – 9th August**

**Drop-off 09:00 – 09:30**

**Pick-up 16:00 – 16:30**

**APPLICATION FORM**

PLEASE COMPLET IN BLOCK CAPITALS

|  |  |  |
| --- | --- | --- |
| **Name** | **D.O.B** | **School Year**  Are you a member? Please circle.  YES / NO  If applicable, membership no;  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  |  |  |

Name D.O.B Class

HOW MUCH PAID

£

16/17

|  |  |
| --- | --- |
| Home Address: | Alternative Emergency Contact Details: |
| Home Telephone Number:  Mobile Telephone Number: | Family Doctor and Contact Details: |
| Email Address: |  |

Membership

If paying by BACS – Account Number: 00291023 Sort Code: 83-16-11

If paying by cheque please make all cheques payable to Biggar RFC

Week 1

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Method of payment (please circle)

Bacs Cheque Cash

**Please complete this form together with a consent form for each individual child and a cheque made payable to Biggar RFC and return to Andy Barnett Development Officer, as soon as possible, as places are filled on a first come, first served basis.**

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| PARENTS FEEDBACK ON PREVIOUS CAMPS   * *“My son has loved it this week and chats on about what he has been doing”* * *“Very enjoyable, always came home to talk about the different activities he done throughout the day”* * *“My son loved every day at the camp, each day he came back shattered”* |
|  |

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**CONSENT FORM**

PLEASE RETURN TO ANDY BARNETT AT LEAST ONE WEEK BEFORE THE CAMP

Consent for

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form: \_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_\_/\_\_\_\_

**Summer Rugby Camp: 5th to 9th August**

I agree to the above mentioned child taking part in the activities connected with the *Biggar RFC* Camp, under the supervision of *Biggar RFC* staff. 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 *Andy Barnett* at **development.officer@biggarrfc.org.uk** or **07834600337.**

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.

**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 (please tick): Yes No

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PARENTS FEEDBACK ON PREVIOUS CAMPS   * *“My child’s passing and kicking improved dramatically throughout the weeks camp”* * *“Being new to the area my son made new friends very quickly”* * *“We could see our daughter gaining confidence throughout the week camp which resulted in her joining the rugby club”* |
|  |