**INFORMATION TO PARENTS**

Registration procedure – All kids are welcome to attend our one-week Multisport Camp and parents will only have to choose one below in order to register their Kids.

***Batch 1* *Week 1* – MON 18 to FRI 22 Nov**

***Batch 2* *Week 2* – MON 25 to FRI 29 Nov**

***Batch 3 Week 3* – MON 02 to FRI 06 Dec**

**Age group – Open to children aged 10 to 14 years old**

Parents should call at the MSC or register online in order to ensure the participation of their Kid/s.

The core day of activities for the camp are 9h 00- 12h 00, so the drop-off in the morning is between 8:30am and 8:45am and then collection is usually from 12:00am up to 12:15pm.

*Parents are required to sign their child(ren) into and out of camp on a daily basis. If any adult other than the adult who signs the child into camp is collecting, staff must be advised of this when the child is signed in and a password must be given to the staff and to the adult who is collecting the child. The MSC reserves the right to retain a child on the premises if unable to identify with the person collecting, or without any form of written consent to release the child(ren) from the programme. In this case, the parent will be contacted prior to releasing any child(ren). It is important that a member of staff is informed in the morning if you are not collecting your child at the end of the day. Please remember to sign the release form and arrange for password to be used on collection. All parents / carers are made aware that their children should be met not later than 15 minutes after the end of the activity.*

Parents/guardians will be asked to collect children with a suspected illness or infection as soon as possible in order to safely reduce the risk of a spread throughout the camp. Our Sports Camp is unable to accept a child onto the programme with an existing or recovering (infectious) illness. Parents whose children attending camp with an existing injury will be asked to provide details to the responsible officer prior to signing in.

What Children should /should not bring:

* Sporty clothing such as shorts & t-shirts
* Swim suit & Towel and Cap (goggles if you have them)
* Plastic bag for putting wet swim suit and towel into
* Hat and sunscreen
* Joggers or training shoes (No Footballl boots with studs allowed)
* Water bottle
* Small snack- NO SOFT DRINKS please.
* No jewelries and other valuable objects.

**The MSC and Cote D’or National Sports Centre will not be responsible for any loss or damage of personal effects of participants.**

Staff will monitor and control behaviour where necessary, in order to ensure the smooth running of the programme and to protect all children registered in its care.

**MAURITIUS SPORTS COUNCIL - ACTIVE MAURITIUS**

**COTE D’OR NATIONAL SPORTS CENTRE SUMMER SPORTS CAMP**

**REGISTRATION FORM 2019**

**OFFICE USE ONLY**

BATCH NO.: \_\_\_\_\_\_

PARTICIPANT ID: \_\_\_\_\_\_\_\_\_\_

GROUP: \_\_\_\_\_

SN: \_\_\_\_\_\_

***One form per child please. Complete all parts.***

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Address in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD HAS ANY MEDICAL REQUIREMENTS? (Please specify clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide details of Parent/Guardians

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob No. 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

1. Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob No. 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE TICK WHERE YOU WOULD LIKE YOUR CHILD TO ATTEND THE SPORTS CAMP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BATCH** | **DATES** | **TIME** | **TICK ONE ONLY** | **SHUTTLE BUS****YES/NO** |
| **1** | **MON 18 NOV to FRI 22 NOV** | **09H 00 TO 12H 00** |  |  |
| **2** | **MON 25 NOV to FRI 29 NOV** | **09H 00 TO 12H 00** |  |  |
| **3** | **MON 02 DEC to FRI 06 DEC** | **09H 00 TO 12H 00** |  |  |

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAURITIUS SPORTS COUNCIL - ACTIVE MAURITIUS**

**COTE D’OR NATIONAL SPORTS CENTRE SUMMER SPORTS CAMP**

**CONSENT FORM 2019**

**OFFICE USE ONLY**

BATCH NO.: \_\_\_\_\_\_

PARTICIPANT ID: \_\_\_\_\_\_\_\_\_\_

GROUP: \_\_\_\_\_

SN: \_\_\_\_\_\_

Dear Parent,

**Please read carefully and sign. One form for each child and complete all parts.**

***I understand that my child will be a participant in the Summer Sports Camp Program which will be held at Cote D’or from 09h00 to 12hh00, and I certify that my child is physically fit and adequately prepared to participate in the related activities.***

* ***I am aware that there are risks associated with participation in the Summer Sports Camp, including the risk of injury, and I consent to my child’s participation in spite of such risks.***
* ***I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorise the providing of necessary medical services in the event that my child is injured or becomes ill.***
* ***I also understand that the designated coaches reserve the right to exempt my child from any activity that they do not feel is within the physical capabilities of my child.***
* ***I authorise the office of the MSC/CDNSC to publish or release to the media any pictures or video of my child during his/her participation in the program for promotional or recognition purposes.***
* ***I assume all responsibility of any problem which may occur after 12h00 that is at the end of each session.***
* ***I understand that in the event that my child persistently misbehaves or puts others in danger, he/she will be asked to leave and will not be allowed to attend in the future.***

**I, the undersigned, being the parent or legal guardian of the child named above, have read this Parental Consent Form and understand and accept its terms.**

Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent(s) or guardian(s): 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob No. 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and number to call in emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in case parent is not reachable)

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