******CAMANACHD LEÒDHAIS

**CAMPA NA CÀISGE** : EASTER CAMP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Fiosrachadh Coithcheann** General Information (**tagh le cearcall** please circle ) | | | | |
| I agree to my son/daughter taking part in this camp.  **Tha mi ag aontachadh gun gabh mo phàiste pàirt sa champa.** | | | Yes  **Tha** | No  **Chan eil** |
| I agree to my daughter/son’s participation in the activities described and acknowledge the need for my son/daughter to behave responsibly.  **Tha mi ag aontachadh gun gabh mo phàiste pàirt anns na gnìomhan an-seo agus gun aontaich mi gun giùlain mo phàiste iad fhèin gu ciallach.** | | | Yes  **Tha** | No  **Chan eil** |
| I understand that photographs may be taken of the camp and may be used by in club publicity and on social media. I agree to my child’s image being used in this way.  **Tha mi a’ tuigsinn gun tèid dealbhan a thogail aig a’ champa agus gur mathaid gun tèid an cleachdadh airson sanasachd agus air na meadhanan-soisealta. Tha mi a’ ceadachadh ìomhaigh mo phàiste airson seo.** | | | Yes  **Tha** | No  **Chan eil** |
| 1. **Fiosrachadh a’ Phàiste** Child’s Details | | | | |
| **Ainm** Name | |  | | |
| **Seòladh** Address | |  | | |
| **Là-breith** Date of Birth | |  | | |
| **Sgoil** School | |  | | |
| **Ìre Ghàidhlig** Gaelic Level | |  | | |
| 1. **Fiosrachadh Meidigeach** Medical Information (please tick) | | | | |
| Does your child have any medical condition requiring medical treatment, including medication?  **A bheil feumlachdan medigeach aig do phàiste a tha feumach air lèigheas, a’ toirt a-staigh chungaidhean?** | | | Yes  **Tha** | No  **Chan eil** |
| If yes, please give brief details; **Ma tha, thoir iomradh goirid;** | | | | |
|  | | | | |
| Is your child allergic to any medications?  **A bheil do phàiste aileirdsig do chungaidh sam bith?** | | | Yes  **Tha** | No  **Chan eil** |
| If yes, please give brief details; **Ma tha, thoir iomradh goirid;** | | | | |
|  | | | | |
| 1. **Fiosrachadh Phàraint/Neach-glèidhidh** Parent/Guardian Contact Information | | | | |
| **Ainm** Name |  | | | |
| **Fòn Taighe** Home Telephone |  | | | |
| **Fòn-làimhe** Mobile Telephone |  | | | |
| **Post-d** Email Address |  | | | |
| 1. **Fiosrachadh Èiginneach** Alternative Emergency Contact | | | | |
| **Ainm** Name |  | | | |
| **Fòn Taighe** Home Telephone |  | | | |
| **Fòn-làimhe** Mobile Telephone |  | | | |
| 1. **Conaltradh Meidigeach** Medical Contact | | | | |
| **Dotair Teaghlaich** Family Doctor |  | | | |
| **Seòladh** Address |  | | | |
| **Fòn** Telephone |  | | | |
| 1. **Seiseananan** Sessions (tagh le cearcaill - circle all sessions) | | | |  |
|  | Gaelic Session  10am – 12 noon | Open Session  1pm – 3pm | Iomlan - |  |
| **Dim**/Tues **9.4.19** | £3 | £3 |  |  |
| **Dic**/Wed **10.4.19** | £3 | £3 |  |  |
| **Diar**/Thu **11.4.19** | £3 | £3 |  |  |
|  |  | **Gu Leìr** - Total |  |  |

*Please make cheques payable to Camanachd Leòdhais or enclose cash with completed form. No place will be guaranteed until payment is received.*

**Cuir am foirm le pàigheadh na chois gu:-**  Please return completed form together with payment to:-

Camanachd Leòdhais, 5 Grimshader, HS2 9NH

**Làmh-sgrìobhadh** Parent Signature …………………………………………………………………………………………

**Ainm Phàraint** Parent Name (print) …………………………………………………………………………………………

**Ceann-là** Date…………………………………………………………………………………………..

**Tha Iomain Cholmcille agus Pròiseact Iomain na h-Òige a’ faighinn taic Bhòrd na Gàidhlig - Tha Iomain Cholmcille a’ brosnachadh cleachdadh na Gàidhlig ann an iomain air feadh na h-Alba.**

Iomain Cholmcille and the Iomain na h-òige project receives funding from Bòrd na Gàidhlig - Iomain Cholmcille promotes and develops the use of Gaelic in shinty throughout Scotland.

