



SUMMER SPORTS CAMP 2020

27 - 31 JULY | 4 - 7 AUGUST (4 DAYS)

10 - 14 AUGUST | 17 - 21 AUGUST

Our Summer Camps are for children aged 5-12

Activities include Football, Basketball, Dodgeball, Badminton,
Indoor Games, Arts & Crafts, Gaelic Football Plus More

As a result of increased safety protocols and reduced leader/child ratios, capacity
will be limited and spaces will be secured only with payment.

Club Member & NUIG Staff

5 days €80

Movie Time €5 per day

Non Member

5 days €90

Movie Time €5 per day

Movie time must be booked before 11am on the day.

Camp: 10am - 2pm | Movie Time: 2pm - 4pm

Sibling Discount Available. All places must be pre-booked.
For safety reasons, walk-in bookings cannot be accepted.

TO BOOK EMAIL US ON

enquiriesnuig@kingfisherclub.com

NUI Galway Sports Centre, Newcastle Road, Galway

KINGFISHER
NUI GALWAY

SUMMER SPORTS CAMP 2020

Physical activity readiness questionnaire & registration form

NAME

GENDER

DOB&AGE

CHILD 1

CHILD 2

CHILD 3

CHILD 4

Parent's / guardian's name..... Mobile.....

Email address

Are you a member of the Kingfisher Club NUIG or a staff member of NUIG? YES NO

(membership keytag or university staff ID required when booking)

Please circle where appropriate:

Date	Member/Staff	Non Member	Movie Time	Total Euro
27 th - 31 st July '20 (5 days)	€80	€90	€5 per day	
4 th - 7 th August '20 (4 days)	€65	€75	€5 per day	
10 th - 14 th August '20 (5 days)	€80	€90	€5 per day	
17 th - 21 st August '20 (5 days)	€80	€90	€5 per day	

Please read carefully and provide a correct answer by ticking Yes or No. Where necessary, please provide details.	Yes	No
Has your child(ren) had a persistent cough/high temperature/shortness of breath within the last 7 day?		
Has a doctor ever diagnosed your child with a heart condition?		
Has your child recently had chest pains during or after exercise?		
Does your child ever feel faint or have spells of severe dizziness?		
Is our child currently receiving treatment or medication for high blood pressure?		
Is our child currently receiving treatment or medication for any other condition?		
Has your child broken any bones in the past six months?		
Does your child suffer from any bone or joint problems which exercise may aggravate?		
Does your child suffer from epilepsy or chronic asthma?		
Is your child diabetic? If yes, is the diabetes type 1 or 2?		
Has your child undergone any recent surgery?		
Is there any other reason which has not been mentioned that may affect your child if they took part in physical activities?		

Additional Information:

It is important to note that if you have answered "YES" to any of the above questions, there may be restrictions on your child's ability to participate in exercise programmes. If you are unsure of any of the information you have provided we strongly advise that you consult with your doctor before allowing your child to begin any exercise

Parent's/Guardian's Declaration

1. I confirm that the above answers are correct, at this point in time, to the best of my knowledge and belief.
2. I will ensure that I inform the coach at once if any of the above information changes.
3. I have read the club's child admission policy & have been made aware that there is a child liaison officer & Covid-19 officer in place.
4. I agree that my child will abide by the rules of Kingfisher Club and follow the instructions of staff at all times.
5. I confirm that I have read the **Summer Sports Camp Parent Handbook 2020**.

Signature Print Name Date