**Orienteering Club**

**Thursdays 5:00 – 6:00pm**

**9th, 16th, 23rd, 30th March 2017**

**Also Sun 19th, 26th March**

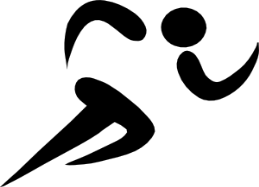
**at Aboyne Community Centre**

Orienteering is an exciting outdoor adventure sport which involves navigating around a course using a detailed map and sometimes a compass.   The aim is to navigate in sequence between a set of control points and decide the best route to complete the course in the quickest time.

The after-school club will teach the basic techniques involved in orienteering, using areas around the school and woodland in Aboyne. The club will involve a progressive element of learning and it is expected that children will attend regularly.

These sessions are suitable for complete beginners in P5-P7, but will also cater for children who have experience up to “orange” standard. The sessions will be led by a Level 3 orienteering coach, Sarah Dunn from Mar Orienteering Club.

Fee £20 for 4 sessions, payable on first week. Beginners will also be required to join Mar Orienteering Club / British Orienteering which costs £6.30 for 1 years’ membership. This will provide insurance cover to participate in any orienteering activities throughout the year.

In addition to Thu training sessions, participants will be encouraged to attend 2 local Sunday events at Potarch (19th Mar) and Corsedarder (26th Mar).

**Application Form**

**To reserve your place, please fill in the form below and return by e-mail to Sarah Dunn:** [**dessdunn@gmail.com**](mailto:dessdunn@gmail.com)

**Please bring a signed copy with payment (cash or cheque made payable to Sarah Dunn) to the first session.**

Participants Name: ……………………………………………………………..

Date of Birth: …………………………………………….

Name of Parent / Guardian: …………………………………………………...

Home Address: ………………………………………………………………….

Email: …………………….………………………………………………………

Tel No:1: ……………………………… 2:…………………………………….

Names and contact details of two adults in case of emergency.

Name 1:……………………………………..Contact No:………………………

Name 2:……………………………………..Contact No:………………………

Medical Information:

Recent Surgery for…………………………………..… Date:………………...

Please give details of any medical condition, medication, allergies, or any other relevant information which we should know about ……………………………………………………………………………………....

Please state any restrictions you wish to be placed on emergency medical treatment ……………………………………………………………….

Family Doctor ……………………………….. Tel ……………………………..

I agree to photos being taken of my son/daughter which may then be used for publicity purposes YES/NO (delete as applicable)