**After-School Orienteering Club**

**Thursdays 5:00 – 6:00pm**

**8, 15, 22, 29 Mar 2018**

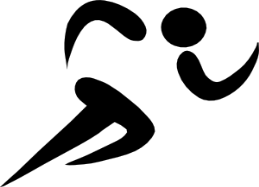
**at Aboyne Community Centre**

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 woodland areas near Aboyne Community Centre. 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, as well as those working at all levels up to and including “orange” standard. The sessions will be led by experienced orienteering coaches, Sarah Dunn and Jon Musgrave from Mar Orienteering Club.

Fee £20 for 4 sessions, payable by 8th Mar. Participants will also be required to join Mar Orienteering Club / British Orienteering which costs £6.30 for membership to Dec 2018. This will provide insurance cover to participate in any orienteering activities.



**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) **by 5th Mar.**

**Payment for the block of 4 sessions should be made by 8th Mar by cash or cheque made payable to Sarah Dunn or by bank transfer to Acc no. 51734974, Sort Code 54-10-31**

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)