** Mar Orienteering Club**

 **Easter Holiday**

 **Orienteering Camp**

Tues 11th , Wed 12th , Thu 13th Apr 2017

10:00-12:30

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.

We will once again hold a 3-day holiday camp this April based in mid Deeside forests. The camp will be suitable for anyone age 9+ and we will offer orienteering training from beginner level up to “light green” colour standard. The camp will be led by orienteering coaches Sarah Dunn and Jon Musgrave.

11th Apr: Shooting Greens, by Potarch

12th Apr: Dess Woods (Deeside Activity Park)

13th Apr: Pannanich, Ballater

Fees £10 per session / £25 for all 3 days

Please complete the attached application form to register or contact Sarah Dunn dessdunn@gmail.com Tel. 013398 84447 if you require any further information about the camp.

![C:\Users\Sarah\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\9UQLJA8I\runner_clip_art[1].png]()

**This summer Deeside will host a major international week-long family orienteering festival**

**Attendance at the Holiday Camp and a couple of follow-on events will equip you with the skills needed to participate in Royal Deeside 2017**

**More details at https://www.scottish6days.com/2017**

**Application Form**

**To reserve your place, please fill in the form below and return by e-mail to Sarah Dunn:** **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: …………………………………………….

Dates for attendance: Tues 11th Wed 12th Thu 13th (delete as applicable)

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)

Parent’s Signature ………………………………………………………………. Date ……………………………………