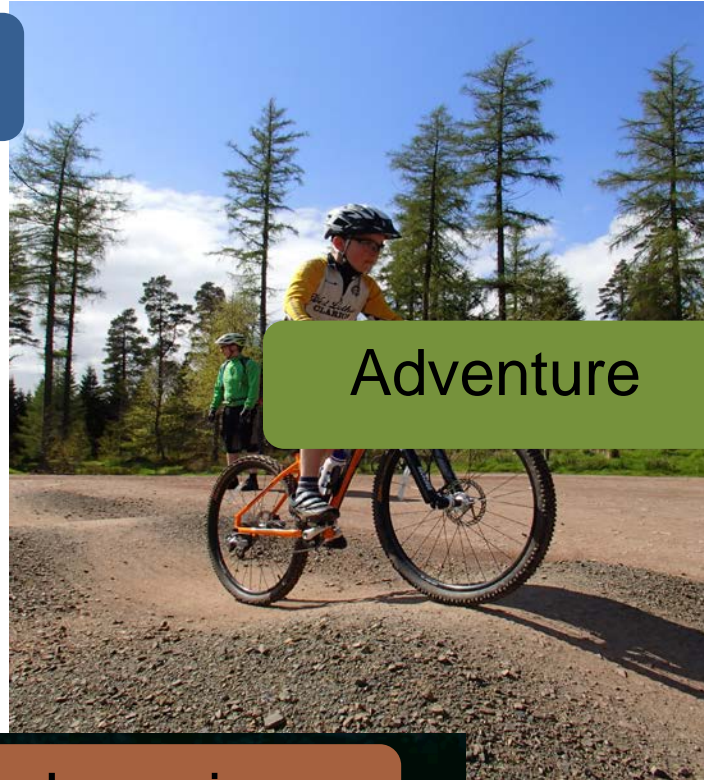


October Programme 2017



Where your adventure begins...

Fun



Adventure

Learning



Friendship

October Holiday Courses 2017



Mountain Bike Introduction

An introduction to the fast moving sport of Mountain Biking on local trails. No previous experience required although you need to be able to ride a bike! We may cover elements of Cycling Scotland's Go Mountain Bike Scheme*.

Mountain Bike Improver

The next step on your way to Mountain Bike nirvana! A day of blasting trails and learning to improve technique and develop skill. Already a keen biker you have been on Bike Introduction or have other relevant experience. We may cover elements of Cycling Scotland's Go Mountain Bike Scheme*.

Bushcraft Introduction

A stimulating day exploring a woodland area and developing skills for outdoor survival. Take part in activities such as building shelters, camp fires, hot drink making and perhaps some cooking too!

No previous experience is required.

Family Climbing

As per Climbing Introduction but for all the family to enjoy. One adult minimum with their child / children per booking.

Climbing Introduction

An introduction to rock climbing indoors. All safety aspects as well as technique will be covered on this one stop shop for learning the basics. No previous experience is required. We may cover elements of the National Indoor Climbing Award Scheme*.



Paddlesports Introduction

An introduction to Canoe and Kayak sports. Participants will develop skills in both types of craft using local venues such as Linlithgow Loch and the Union Canal. No previous experience required, we just ask that participants are water-confident. We may cover elements of the Scottish Canoe Association Awards Scheme*.

Paddlesports Improver

The programme develops paddle sports skills and uses local venues and perhaps a more adventurous location later in the course. All paddlers should be confident in and around water and be able to paddle canoes/kayaks to some degree. Attendance on Introduction or similar experience is required. We may cover elements of the Scottish Canoe Association Awards Scheme*.



October Holiday Courses 2017



When are the courses and how much are they?

Please see the schedule for all courses for the October week which contains the dates, times and course costs for each course. Please call the office on 01506 284400 with any questions.

***National Governing Body Certification –**
Where courses have the option of providing this facility there may be an additional charge for certificates and/or logbooks for those who wish to be certificated.

How do I book?

Bookings open on Thursday 28th September 2017 at 9.15am and places will be allocated to courses in the order received. **Please note that we cannot accept bookings by telephone.** Post, email or hand in completed booking sheet along with the consent forms to Low Port Centre with cheque payment. Alternatively, if you prefer to pay using credit/debit card, please contact the office within 48 hours of receiving confirmation of your reserved space. After this time your space will be allocated to someone else.

Important Reminder

Please ensure the EE2 and Photography Consent Forms are fully completed and returned with the Booking Form otherwise your application will be rejected without reserving your place.

Cancellations

Cancellations

Refunds will be given only for courses cancelled by Low Port Centre or in other exceptional circumstances. An admin fee will apply to changes to bookings.

The full course fee will be charged for children withdrawn from a course by Low Port staff.

Concessions

Concessions are available on request. Please call us on 01506 284400 for further information, terms and conditions.

Wraparound

There will be **NO wraparound** during the October Programme.

Minibus Pick-ups / Drop-offs

There will be **NO minibus pick-ups/drop-offs** during the October Programme

What should I bring with me each day?

You will need:

- Full change of clothes including footwear plus shower kit and a towel.
- Packed lunch with a drink plus drinks, snacks for during the day.
- 20p for using the lockers to keep belongings safe.
- Sun protection, eg sun cream, sunhat
- Any medication that may be needed during the activity – insulin, asthma inhalers, epi-pens etc.

You do not need:

Valuables, phones, music players etc as we cannot guarantee their safety.

Course Grading

Our courses are graded to suit a range of age and ability. Please observe this when making applications. In the interest of the safety and well-being of all participants, we reserve the right to withdraw anyone whose ability does not match the required standard for a course.

Introduction - for beginners and those with little or no previous experience, e.g. Kayak, Sail

Improver - for those who have completed all the skills of Introduction (or similar) and are ready for the next challenge.

Advanced - for experienced students only. Good results at Improver (or similar) are essential before moving to Advanced.

October Activity Courses 2017



Week 16 to 20 October 2017

Days	Activity	Times	Age Range	Price
Monday	Paddlesports Introduction	09:30 – 16:00	8yrs +	£30.00
Monday	Climbing Introduction	09:30 – 16:00	10yrs +	£30.00
Tuesday	Mountain Bike Introduction	09:30 – 16:00	8yrs +	£30.00
Tuesday	Bushcraft Introduction	09:30 – 16:00	8yrs+	£30.00
Wednesday	Paddlesports Improver	09.30 – 16.00	8yrs +	£30.00
Thursday	Mountain Bike Improver	09.30 – 16.00	10yrs +	£30.00
Friday	Family Climbing	09.30 – 16.00	8yrs +	£30.00/£40.00
Friday	Bushcraft Introduction	09:30 – 16:00	8yrs +	£30.00

Additional Information
16 – 20 October 2017

We are open for bookings **from 9.15 am on Thursday 28th September 2017.**

Please ensure that you inform us at time of booking if your child has any additional support needs. This will enable us to make appropriate arrangements for his/her participation.

Concessions are available on request. Please call us on 01506 284400 for further information.

Parental Consent for my child to attend all booked courses in the Low Port Centre October Programme 2017 Please complete and return sections A, B, C, D & E in full using black ink alternatively e-mail: lowport.centre@westlothian.gov.uk

Childs Forename	Date of Birth
Surname	Age

Section A Child's Personal Details
Section B Child's Medical Information

Address:			
Emergency contact names, telephone number and relationship to named child:			
Initial Contact Name	*1 st Choice Contact No. <u>and</u> *2 nd Choice Contact No. _____	Relationship To Child	
Alternative Contact Name	*Alternative Contact No	Relationship To Child	
* It is vital that we hold relevant contact telephone numbers. These may be used e.g. in an emergency, or to advise you of availability if your child is on a waiting list.			
Name of Family Doctor		Address	Phone No.

Please tick as appropriate

1. Does your child suffer from any allergies? If yes please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is your child taking any medication at present? If yes please give details. (NB If required any medication must be available during activity)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does your child suffer from any condition that may affect participation in the activity/activities booked. If yes please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has your child been in contact with any contagious or infectious disease or suffered from anything in the past four weeks that may become contagious or infectious? If yes, give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Can your child swim unaided? If yes, how far (in metres)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. When did your child last have a tetanus injection? Date:		

Section C Consent to Medical Treatment (Please read statements 1 and 2 below, and tick only one box as appropriate.)

1. I give permission for my child to receive emergency medical treatment/anaesthetic, including blood transfusion, as considered necessary by the medical authorities present.

OR

2. I give permission for my child to receive emergency medical treatment/anaesthetic as considered necessary by the medical authorities present, **with the exception of the administration of blood or blood products.** I accept full legal responsibility for this decision and release West Lothian Council and its staff from any liability for any consequences resulting from this decision.

Section D Photography Consent (Please see over) 

Section E Parent/Legal Guardian Signature

1. Please either print, sign, date and return your form by post / fax / hand

Name of Parent / Legal Guardian (please print in full)
Signature of Parent / Legal Guardian Date:

2. Or Accept and date the following statement and return your form by email to lowport.centre@westlothian.gov.uk

I certify that the answers given on this form are correct. I acknowledge that by completing this form and returning it to you I agree that I am legally bound by its terms.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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PHOTOGRAPHY CONSENT FORM

(Other than Photography of Children in Schools)

This form must be completed by the participant of the photo call or, in the case of a child, their parent, and returned to Low Port Centre, 1 Blackness Road, Linlithgow, West Lothian EH49 7HZ.e-mail: lowport.centre@westlothian.gov.uk

I, (Please insert your full name),

Of, (Please insert your full address details)

hereby consent to photographs of
(Insert "myself" or full name of child as applicable)

being taken on behalf of West Lothian Leisure whilst participating in the activity detailed overleaf and to the said photography being held by West Lothian Leisure and used in its promotional literature, displays and publicity materials within two years.

I further consent to said photography appearing on West Lothian Leisure's internal and external websites.

1. Please either print, sign, date and return your form by post / fax / hand

Signature

Date

2. **Or** Accept and date the following statement and return your form by email to lowport.centre@westlothian.gov.uk

<p>I certify that the answers given on this form are correct. I acknowledge that by completing this form and returning it to you I agree that I am legally bound by its terms.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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<p><i>For office use only</i></p> <p>Please provide a brief description of each participant for a photo caption</p>
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'Photography' includes film, video and digital imaging.
'Parent', for this purpose, means any person with parental responsibility or any adult with responsibility for a child on the occasion in question.

WEST LOTHIAN LEISURE
Agreement to participate in any adult course organised by Low Port Centre

Section A **Your Details**

Forename	Surname
Address	
Daytime / mobile Phone number	E-mail
Name and telephone number of person to be contacted in an emergency	
Name, telephone number and address of family doctor	

Section B **About the Course**

Name of course(s)	
Date of course(s)	

Section C **Medical Information**

	Please x as appropriate	
1. Do you suffer from any allergies? If yes please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you taking any medication at present? If yes please give details. (NB If required any medication must be available during activity.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you suffer from any condition that may affect participation? If yes please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you been in contact with any contagious or infectious disease or suffered from anything in the past four weeks that may become contagious or infectious? If yes please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Can you swim unaided? If yes, how far (in metres?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. When did you last have a tetanus injection? Date:		

Section D **Consent to Medical Treatment** (Please read statements 1 and 2 below, and x only one box as appropriate.)

I **agree** to receive emergency medical treatment **including blood transfusion** / anaesthetic, as considered necessary by the medical authorities present.

OR

I **agree** to accept medical treatment / anaesthetic as considered necessary by the medical authorities present **with the exception of the administration of blood or blood products**. I accept full legal responsibility for this decision and release West Lothian Council and its staff from any liability for any consequences resulting from my decision not to consent to transfusion of blood or blood products.

Section E **Declaration**

1. Please either print, sign, date and return your form by post / fax / hand

Name (please print in full)
Signature Date:

2. **Or** Accept and date the following statement and return your form by email to lowport.centre@westlothian.gov.uk

I certify that the answers given on this form are correct. I acknowledge that by completing this form and returning it to you I agree that I am legally bound by its terms.	<input type="checkbox"/> Yes	Date:
	<input type="checkbox"/> No	

PHOTOGRAPHY CONSENT FORM

(Other than Photography of Children in Schools)

This form must be completed by the participant of the photo call or, in the case of a child, their parent, and returned to Low Port Centre, 1 Blackness Road, Linlithgow, West Lothian EH49 7HZ.e-mail: lowport.centre@westlothian.gov.uk

I, (Please insert your full name),

Of, (Please insert your full address details)

hereby consent to photographs of
(Insert "myself" or full name of child as applicable)

being taken on behalf of West Lothian Council whilst participating in the activity detailed overleaf and to the said photography being held by West Lothian Council and used in its promotional literature, displays and publicity materials within two years.

I further consent to said photography appearing on West Lothian Leisure's internal and external websites.

1. Please either print, sign, date and return your form by post / fax / hand

Signature

Date

2. **Or** Accept and date the following statement and return your form by email to lowport.centre@westlothian.gov.uk

<p>I certify that the answers given on this form are correct. I acknowledge that by completing this form and returning it to you I agree that I am legally bound by its terms.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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<p><i>For office use only</i></p> <p>Please provide a brief description of each participant for a photo caption</p>
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'Photography' includes film, video and digital imaging.
'Parent', for this purpose, means any person with parental responsibility or any adult with responsibility for a child on the occasion in question.

DATA LABEL: Private & Confidential

Low Port October Programme 2017 Booking Form

SECTION 1 BOOKING CONDITIONS. Please read carefully

Parental/photography consent forms must be submitted at the time of application. Children will not be allowed to participate in the programme if we do not have parental consent. Children will not be accepted onto courses that do not match their age or ability e.g. completing a course at level 2 then requesting a course in the same activity at level 1. We will not divulge information regarding the names of children, other than your own, who are booked to attend any course. Parents are responsible for the supervision of children at all times outwith published course times / wraparound care times. Refunds will be given only where Low Port Centre cancels a course. We reserve the right to withdraw anyone whose conduct, in the view of our staff, may put him/her or others at risk; course fees are non returnable in these circumstances. Concessions available on request.

SECTION 2 PARENT/GUARDIAN DETAILS (PLEASE PRINT CLEARLY AND COMPLETE IN FULL USING BLACK INK)

Parent/Guardian Name	Title	Forename	Surname	Address	
					Postcode (essential)
Daytime tel. no.		Email (Please print)			Is email your preferred means of communication? Y/N
Evening tel. no.		Mobile tel. no.			

SECTION 3 BOOKING DETAILS (PLEASE PRINT CLEARLY USING BLACK INK)

A Participant's Full Name	B Child's DOB, e.g. dd/mm/yy or 'A' if adult	C Course Descriptor	D Week No.	E Cost of Course	F	G	H Total Cost (E + F + G)	I	J	K Is your booking dependent on a mini bus space being available? (Y/N)
				£			£			
				£			£			
				£			£			
				£			£			
				£			£			
				£			£			
				£			£			
				£			£			
TOTAL COST										£

SECTION 4 PAYMENT DETAILS

I enclose a cheque (payable to West Lothian Council) in the sum of	£
Payment by credit/debit card: if you prefer to pay using credit/debit card, please contact the office on 01506 284400 within 48 hours of receiving our email confirming your reserved space.	
Parent/Guardian Signature	Date