



YMCA LONDON CITY AND NORTH



Gymnastic Camp 28th – 31st May 2024 The Harringay club N8 7EE

- Gymnastics Camp is held at the Harringay club.
- Please bring a packed lunch & Water bottle (no nuts)
- Late pick up fees apply at £5 per 15 minutes to be paid upon pick up or will be added to child's account.
- Parents/Carers must remain outside of the building unless it is essential to enter.
- Bookings are non-refundable.
- **NEW Early birds and Afterscheme** at the Harringay Club- Available every weekday excluding Wednesday afternoon.
- We do not provide food, please ensure your child has additional food for the day.

28 th -31 st May	Early Birds	Gymnastics camp	Gymnastics Daily	Afterscheme
Non-member	£7.00	£112.00	£30.00	£10.00
Member	£6.00	£100.00	£30.00	£9.00
Concession	£5.00	£80.00	£25.00	£8.00

For bookings contact North London YMCA Harringay club,
50 Tottenham Lane, N8 7EE (020 8348 2124 EXT 501)
or email HC.Bookings@ymcalcan.org



Bookings are not complete without payment.

The form is strictly confidential



Gymnastics Camp

28th – 31st May 2024



(please circle requirements)

Early birds 8.30-10.00am	Whole week	Daily		Tuesday	Wednesday	Thursday	Friday
Gym Camp 10.00-3.45pm	Whole week	Daily		Tuesday	Wednesday	Thursday	Friday
Afterscheme 3.45-6.15pm	Whole week	Daily		Tuesday		Thursday	Friday

First Name				Last Name			DOB			AGE	
Sex	M / F	School Attended			School Year			Ethnic Origin			
Medical or Dietary or special needs, attach note if necessary											

Parent / Guardian Full Name				Home Telephone Number			Mobile Phone Number				
Home Address & postcode											
Authorised People (to collect and as emergency contacts)							Special Circumstances – please advise of anything else e.g names of people who you DO NOT wish to collect your child, family circumstances, etc. This will remain CONFIDENTIAL:				
		Name	Relation	Number							
	1										
	2										
	3										
	4										
Email address											

I consent to my child(ren) being issued with plasters	Y / N	I consent to photographs being taken for use of promoting YMCA London City and North activities	Y / N
I consent to my child(ren) receiving medical treatment in an emergency.			Y / N
PASSWORD (please supply for child safety reasons)		Consent to my child(ren) attending YMCA holiday activities detailed overleaf (I confirm my child is between 5-12yrs for Gymnastics)	PLEASE SIGN