

Venue

Lanchester EP Primary School,

Front Street,

Lanchester.

DH7 0HU

Activity

Football & Multisport Activities

Dates

Monday 22nd July – Friday 26th July

Monday 29th July – Friday 2nd

August

Early Drop-off	Sports	Lunch	Sports	Late Pickup
8am-9am	9am-12pm	12pm-1pm	1pm-4pm	4pm-5pm

	8.00am - 5.00pm		
1 Child	2 Children	3 Children	
£17.50	£30.00	£40.00	
8.00am - 1.00pm OR 1.00pm - 5.00pm			
1 Child	2 Children	3 Children	
£7.50	£12.50	£17.50	

Courses are open to children aged 4-11 years old. Your child will need to bring a packed lunch and plenty of fluids, suitable sports clothing and footwear. Please note courses will be in and outdoors so trainers are necessary. To register your child, please complete the attached form and return to either Mr Graham or Lanchester EP Primary School Office.

A deposit of £5.00 per day is required when handing in the form. Failure to provide a deposit could result in your child not having a place. The outstanding balance will need to be paid on the day in cash only.

For further information, please call Mr Graham on 07736384803 or email lewisgraham91@hotmail.co.uk





BOOKING FORM

Name	Age	
Emergency Contact Number:		
Address & Postcode:		

DATES & TIMES REQUIRED

(Please circle)

Monday 22 nd July	8am – 5pm	8am – 1pm	1pm – 5pm
Tuesday 23 rd July	8am – 5pm	8am – 1pm	1pm – 5pm
Wednesday 24 th July	8am – 5pm	8am – 1pm	1pm – 5pm
Thursday 25 th July	8am – 5pm	8am – 1pm	1pm – 5pm
Friday 26 th July	8am – 5pm	8am – 1pm	1pm – 5pm
Monday 29th July	8am – 5pm	8am – 1pm	1pm – 5pm
Tuesday 30 th July	8am – 5pm	8am – 1pm	1pm – 5pm
Wednesday 31st July	8am – 5pm	8am – 1pm	1pm – 5pm
Thursday 1st August	8am – 5pm	8am – 1pm	1pm – 5pm
Friday 2 nd August	8am – 5pm	8am – 1pm	1pm – 5pm

MEDICAL CONSENT FORM

Medical Conditions:	
Details of any current medication:	
We, the undersigned, in consideration of our child's pactivities and the information supplied on the applicat My child is in good health and I consider then multisport/football programme. I have completed to listed any medical conditions and details of any making part in LJG Sports Coaching activities. In consent to any first aid treatment necessary given activities. Please note that LJG Sports Coaching is injury that any child sustains whilst on the program responsibility to inform LJG Sport Coaching of any making the child's participation.	ion form, we agree to the following: n capable of taking part in the the application form where I have edication taken whilst my child is the event of illness or accident, In to my child whilst taking part in not liable for any personal loss or amme and it is parents/guardians
Parent/Guardian Name:	
Signature:	Date:



LJG Coaching is now on Twitter and Facebook.

Please follow us on Twitter: @LJGsportscoach1 or on Facebook: LJG Sports Coaching.

LJG Coaching would love to be able to use photographs and videos of your child to illustrate the activities we offer, to celebrate their successes and to show you what we get up to during our activity clubs.

These images or videos may be used on our social media site, and in promotional materials.

Modern technology means that images shared via the internet can be shared onto other sites and platforms by any third parties.

LJG Coaching recognises its responsibility to ensure the welfare and safety of your child, and to comply with GDPR.

Personal details about your child will never be shared online, and children will remain anonymous in any photos or videos posted online.

I give consent for you to record and use images or videos of my child in the following ways: (Tick to show consent)

following ways: (Tick to show consent)	
Twitter	
Facebook	
Use in printed promotional material (e.g. booking forms and leaflets)	
Childs Name:	
Signed (Parent/Carer):	
Print Name (Parent/Carer):	
Date:	