



<u>Venue</u> Lanchester EP Primary School, Front Street, Lanchester. DH7 0HU	<u>Activity</u> Football & Multisport Activities <u>Dates</u> Monday 8 th April – Friday 12 th April
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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 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 8 th April	8am – 5pm	8am – 1pm	1pm – 5pm
Tuesday 9 th April	8am – 5pm	8am – 1pm	1pm – 5pm
Wednesday 10 th April	8am – 5pm	8am – 1pm	1pm – 5pm
Thursday 11 th April	8am – 5pm	8am – 1pm	1pm – 5pm
Friday 12 th April	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 participation in LJG sports coaching activities and the information supplied on the application form, we agree to the following: My child is in good health and I consider them capable of taking part in the multisport/football programme. I have completed the application form where I have listed any medical conditions and details of any medication taken whilst my child is taking part in LJG Sports Coaching activities. In the event of illness or accident, I consent to any first aid treatment necessary given to my child whilst taking part in activities. Please note that LJG Sports Coaching is not liable for any personal loss or injury that any child sustains whilst on the programme and it is parents/guardians responsibility to inform LJG Sport Coaching of any medical conditions that could affect their child's participation.

Parent/Guardian Name: _____

Signature: _____ Date: _____