



FOUNDATION
PRIMARY
COACHING

XMAS HOLIDAY MULTI-SKILLS CLUB!

Tennis
Football
Hockey

Dodgeball
Gym
Basketball
and lots
more!

EVENT:	Football & Multi-Skills – CHRISTMAS HOLIDAY CLUB
DATE:	TUESDAY 2nd WEDNESDAY 3rd & THURSDAY 4th of JANUARY 2024
TIME:	9AM – 3PM (Collection from 2.55pm @ Main Gate)
COST:	£20.00 PER DAY or £50 for the 3 DAYS (Save £10)
FOR:	CHILDREN IN SCHOOL YEARS 1 – 6
VENUE:	CHARVILLE ACADEMY, BURY AVENUE, HAYES UB4 8LF

‘Dedicated to Inspire Achievement and Full Potential in Sport’

e: foundationprimarycoaching@outlook.com t: 07801 822555

FPC - TERMS & CONDITIONS

Places are limited and are allocated on a first come, first serve basis. FPC accepts no responsibility for loss or damage to property. Places will be allocated upon receipt of payment; no further confirmation will be sent. **No refunds are available.**

CHILD PROTECTION/HEALTH AND SAFETY – DECLARATION OF PARENT OR GUARDIAN

I wish for my child to be accepted on the above Holiday club and I agree to the terms and conditions above. I have disclosed any medical conditions/allergies that may affect my child's participation on the course. I give FPC permission to take photographs for future FPC publications and social media. I also allow FPC staff to administer first aid to my child if/when needed and transfer my child to hospital in an emergency.

*Data Protection: We may use your email for marketing purposes for future FPC events. If you do not wish to receive any information, please tick this box



BOOKING FORM – IMPORTANT INFORMATION – PLACES ARE LIMITED!

REF: CA/XMAS24

Please complete the booking form below via **EMAIL** to foundationprimarycoaching@outlook.com OR submit to the school PE Coordinator Mr Quinn **ONLY** not to the class teacher, by **Wednesday 20th January** to secure your child's place.

Please ensure your child wears appropriate clothing and footwear for both indoor and outdoor activities and brings a packed lunch and drinks.

Child's SURNAME:	_____	CLASS:	_____
Child's FORENAME:	_____	YEAR GROUP:	<input type="checkbox"/>
HOME ADDRESS:	_____	AGE:	<input type="checkbox"/>
	POSTCODE: <input type="text"/>		
MEDICAL CONDITIONS/ALLERGIES:	_____	MOBILE No:	<input type="text"/>
EMAIL:	<input type="text"/>		

DAYS / DATE ATTENDING: ALL THREE Days **OR** TUESDAY 02/01/24
 WEDNESDAY 03/01/24
 THURSDAY 04/01/24

PLEASE TICK APPROPRIATE BOX(ES)

PAYMENT ENCLOSED: £

Preferred Payment: Bank Transfer payable to: Mr K Quinn. Ac: 28220137 Sort: 04-00-75 Ref: *Your child's name*
 Cash payments: Please submit to Mr Quinn ONLY

NAME OF PARENT: Mr/Mrs/Ms/Miss _____ SIGNED: _____ DATE: ____ / ____ / ____