



# EASTER HOLIDAYS MULTI-SKILLS CLUB!

Tennis  
Football  
Hockey

Dodgeball  
Gym  
Basketball  
and lots  
more!

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

*‘Dedicated to Inspire Achievement and Full Potential in Sport’*

e: [foundationprimarycoaching@outlook.com](mailto: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/EAST24

Please complete the booking form below via EMAIL to [foundationprimarycoaching@outlook.com](mailto:foundationprimarycoaching@outlook.com) OR submit to the school PE Coordinator Mr Quinn ONLY not to the class teacher, by Thursday 28<sup>th</sup> of March 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:

HOME ADDRESS: \_\_\_\_\_ AGE:

POSTCODE:

MEDICAL CONDITIONS/ALLERGIES: \_\_\_\_\_ MOBILE No:

EMAIL: (CAPS)

DAYS / DATE ATTENDING: ALL THREE Days  OR TUESDAY 02/04/24

PLEASE TICK APPROPRIATE BOX(ES) WEDNESDAY 03/04/24

THURSDAY 04/04/24

**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

PAYMENT METHOD: Bank Transfer £  Cash Payment £

NAME OF PARENT: Mr/Mrs/Ms/Miss \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_