

- Deliver high quality sports tuition to children in Primary schools through PE, after school clubs and holiday sports camps
- Give opportunities to children to explore and develop their skills in a variety of sports.
- Our coaches use a specialised curriculum which works alongside QCA guidelines to link in with physical education



- A leading sports and physical activity provider within primary schools
- We provide highly qualified and experienced coaches
- All of our coaches are First aid trained and CRB checked



- Sports and activities everyday with children from you school and surrounding schools
- Affordable, safe, fun and structured child care during school holidays
- Presentation at the end of Holiday Camp week, Trophies and prizes for Star Players and Certificates for every child that attends
- Facilities we have access to School hall, Playground, School field
- WRAP AROUND CARE PROVIDED BY TIDDLY WINKS NURSERY

Dodgeball **Football** Basketball Cricket Movies at lunch time Taa Rugby **Street Dance** 

Have fun in the school holidays with your friends!! Prizes, Trophies and Certificates to be won!!

We are also available for Birthday Parties!

## SHOBNALL PRIMARY SCHOOL HOLIDAY SPORTS CAMP

WHO CAN GO? RECEPTION, YEAR 1, 2, 3, 4, 5 AND 6

WHAT ARE THE DATES? FEB 20th, 21st, 22nd (MONDAY, TUESDAY AND WEDNESDAY)

WHERE DO WE PLAY? FIELD, PLAYGROUND AND SCHOOL HALL

WHAT TIME DO WE PLAY? 9.00am - 3.00pm

WHAT DO I NEED? TRAINERS AND SUITABLE CLOTHING, A PACKED LUNCH AND A DRINK

WHERE IS THE ENTRANCE? KEY STAGE 2 GATES

HOW MUCH DOES IT COST? £12.00 - 1 DAY, £23.00 - 2 DAYS; £33.00 - 3 DAYS

## FULL PAYMENT IS REQUIRED TO SECURE YOUR PLACE ON THE COURSE

Send your application and any payment requirements in a sealed envelope to Shobnall school office

Please make cheques payable to 'ACTIVE LEARNING SPORTS' and write your child's name and year group on the back.

Confirmation of places will be given via phone/email Places are limited and will be awarded on a first come first served basis!

PLEASE CUT HERE	For further details plo	ease contact JAM	IES ATTWC	OD ON 07800 81203
SCHOOL NAME				
PLAYER NAME	SCHOOLY	EAR	_ DOB	·
PLEASE INDICATE WHICH DAY/S YOUR CHILD WANTS TO ATTEND				
ADDRESS	The state of the s			1
HOME TEL.		EMAIL		
EMERGENCY TEL.		MEDICAL CONDITIONS	. '	
PERMISSION TO GO HOME ALON	IE: Yes/No (please circle)			
I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care. I understand that Active Learning Sports will exercise all reasonable care and I will not hold Active Learning Sports responsible for loss of possessions or injury sustained during the course.  If you do not wish to receive further information from Active Learning Sports courses then please tick [ ]				
SIGNED		(Parent/Guardian)	DATE	

HEAD OFFICE: 4 Saxon Court. Leomanslev View. Lichfield. Staffs. WS13 8AS