

ACTIVE



LEARNING
SPORTS

SHOBNALL PRIMARY SCHOOL

HOLIDAY SPORTS CAMP

Have fun in the
school holidays
with your
friends!



Who we are

- A leading sports and physical activity provider within primary schools.
- We provide highly qualified PE teachers and experienced coaches.
- All of our coaches are first aid trained and DBS cleared.

About the camps

- Over 20 sports and fun activities provided with children from your school and surrounding schools.
- Affordable, safe, fun and structured child care during school holidays.
- Presentation at the end of each week including certificates, prizes and trophies for star players!

Here are all the activities that
you can enjoy!

Dodgeball

Football

Basketball

Cricket

Movies at lunch time

Tag rugby

Street dance

Nerf wars

Zorb football

Capture the flag

**SHOBNALL PRIMARY SCHOOL
HOLIDAY SPORTS CAMP**

WHO CAN GO? YEARS GROUPS FOR SCHOOL YEAR 2019/2020 - RECEPTION, YEAR 1, 2, 3, 4, 5, & 7

**WHAT ARE THE DATES? WEEK 1 -JULY 22ND, 23RD, 24TH, 25TH, 26TH
WEEK 2 – AUG 19TH, 20TH, 21ST, 22ND, 23RD**

WHERE DO WE PLAY? FIELD, PLAYGROUND, ADVENTURE 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? PER DAY COST = £12.00 5 DAYS COST = £50.00
10 DAY COST = £90.00**

**20% DISCOUNT ON SIBLINGS
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 please contact JAMES ATTWOOD ON 07800 812039

SCHOOL NAME _____

PLAYER NAME _____ SCHOOL YEAR _____ DOB _____

PLEASE INDICATE WHICH DAY/S YOUR CHILD WANTS TO ATTEND _____

ADDRESS _____

HOME TEL. _____ EMAIL _____

EMERGENCY TEL. _____ MEDICAL CONDITIONS _____

PERMISSION TO GO HOME ALONE: - Yes/No (please circle)

PERMISSION FOR PHOTO TO BE TAKEN FOR SOCIAL MEDIA AND PROMOTIONAL PURPOSE - YES/NO (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 _____