ACTIVE

LEARNING SPORTS

SHOBNALL PRIMARY SCHOOL

HOLIDAY SPORTS CAMP







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? RECEPTION, YEAR 1, 2, 3, 4, 5, 6

WHAT ARE THE DATES? APRIL 6TH, 7TH, 8TH and 9TH

WHERE DO WE PLAY? PLAYGROUND, FIELD, 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 PLENTY TO DRINK

WHERE IS THE ENTRANCE? KEY STAGE 2 GATE, HOLIDAY CAMP FLAGS WILL BE OUTSIDE ENTRANCE

HOW MUCH DOES IT COST? PER DAY COST = £13.00 4 DAYS COST = £45.00 (MEDALS WILL BE GIVEN TO EVERY CHILD THAT ATTENDS FULL WEEK)

How to pay? Cash, Cheque or bank transfer (Active Learning Sports, HSBC, Sort Code -402818, Account Number - 01762400) Apply online @ www.activelearningsports.com/register/

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 or email

james@activelearningsports.com		
SCHOOL NAME		
CHILD'S NAME	SCHOOL YEAR	_ DOB
PLEASE INDICATE WHICH DAY/S YOUR CHILD WANTS TO ATTEND		
ADDRESS		
MOBILE 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