**SQUASH & TENNIS CAMP**

**WEDNESDAY 19 FEBRUARY 2025**

Qualified coaches will deliver a camp using drills, games and match play across two main sports, squash and tennis. There will also be the opportunity to try racketball and table tennis as well as other fun games such as dodgeball.

|  |  |
| --- | --- |
| **Member/Non-Member** | **Cost** |
| **Ebbisham Members** | **£33** |
| **Non-Members** | **£36** |

**10% sibling discount will be applied to one booking when two siblings**

**are registered on the same day.**

* The camp starts at **9.00am** and ends at **3.00pm (please note our new finish time).**
* Juniors will be split into 2 age groups 7-10 & 11-14 years old.
* Sociable ‘chill-out time’ during lunch break after which the children will then choose to play their favourite sports until home time.
* Children will need a packed lunch (**NO NUTS PLEASE**), optional snacks and a drinks bottle, although they can buy drinks/snacks at the bar if you supply them with pocket money.

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* A Frequently Asked Questions document is available on request at time of booking.
* Payment should be made in advance - by credit/debit card or bank transfer.
* For more information on the Club, please see <https://ebbisham.mycourts.co.uk/>, Facebook: @EbbishamSportsClub, Instagram: @ebbishamsportsclub.
* If you would like your child(ren) to take part, please turn over to complete the form and return it to the Club Office/Bar with payment or book/pay via the Club Office.

If you have any queries, please contact the Office on 01372-720647 or via [admin@ebbishamsportsclub.com](mailto:admin@ebbishamsportsclub.com).

PLEASE TURN OVER TO COMPLETE THE REGISTRATION FORM & CAMP DATE SELECTION

**REGISTRATION FORM**

Child’s Details

|  |  |
| --- | --- |
| First name: | Surname: |
| Date of birth: | Age: |
| School: | Where did you hear about us? |
| Member or Non-Member (please tick) Member Non-Member | |
| **About your child/ Medical Information**  Please detail any additional/special needs/ medical needs your child has: (please provide full details) | |

**Parent/Guardian details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | First name: | | Surname |
| Home Address: | | | |
| Home number: | | Mobile number: | Work number: |
| Email address: | | | |

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# Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

*Please* ***TICK***the box below to confirm you’re booking our camp on Wednesday 19 February

|  |  |
| --- | --- |
| **DATE** | **Checkmark with solid fill** |
| **WEDNESDAY 19 FEBRUARY** |  |

*□ Tick here to* ***give consent*** *for your child/children attending this Camp to be* ***photographed/filmed*** *for our website/social media pages only.*

*□*

*Junior members wishing to* ***leave the club by themselves*** *after the camp has finished must have permission from their parents/legal guardians.*

*By ticking this box, you are giving permission for the coach on duty to allow your child(ren) to leave the club premises without a parent/legal guardian.*

*□*

I confirm I wish to make payment by bank transfer using reference ‘**sportscamp**’ & **child’s surname**’.

BANK DETAILS:

Ebbisham Sports Club

Sort Code: 09-01-54

Account No: 37561089

Signature of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_