**SUMMER TRY-SPORT CAMPS**

**Dates**

**13,14,20,21,27 and 28 August**

Qualified coaches will deliver fun camps using drills, games and match play across a variety of racket sports including badminton, tennis, squash, racketball, table tennis and touch tennis.

|  |  |
| --- | --- |
| **Member/Non-Member** | **Cost** |
| **Ebbisham Members** | **£33** |
| **Non-Members** | **£39** |

**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.
* Juniors will be split into 3 age groups 7-9, 10-11 and 12-14. The children will rotate round in their age groups.
* 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 [www.ebbishamsportsclub.com](http://www.ebbishamsportsclub.com) or our Facebook page @EbbishamSportsClub
* If you would like your child(ren) to take part our Try-Sport Camp, 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 Alison (Office) on 01372-720647 or via admin@ebbishamsportsclub.com.

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

**TRY-SPORT 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: |

#

# 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: |

**PTO**

***Please TICK* the date(s) you would like to book below:**

|  |  |
| --- | --- |
| **DATE** | **Checkmark with solid fill** |
| **WEDNESDAY 13 AUGUST** |  |
| **THURSDAY 14 AUGUST** |  |
| **WEDNESDAY 20 AUGUST** |  |
| **THURSDAY 21 AUGUST** |  |
| **WEDNESDAY 27 AUGUST** |  |
| **THURSDAY 28 AUGUST**  |  |

*□ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_