## EBBISHAM SUMMER CAMPS TRY-SPORT & BADMINTON & SQUASH/RACKETBALL CAMPS

Try-Sport Camps: 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.

Badminton & Squash/Racketball Camps: Qualified coaches will deliver fun camps focussed on badminton, squash & racketball using drills, games and match play.

| Member/Non-Member | Cost |
|-------------------|------|
| Ebbisham Members  | £32  |
| Non-Members       | £35  |

10% sibling discount will be applied to one booking when two siblings are registered on the same day.

- The camps start at 9.00am and ends at 3.00pm (please note our new finish time).
- Try-Sport Camps Juniors will be split into 3 age groups 7-9, 10-11 and 12-14.
- Badminton & Squash/Racketball Camps Juniors will be split into 2 age groups 7-10
   & 11-14.
- 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.
- 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 <a href="https://ebbisham.mycourts.co.uk/">https://ebbisham.mycourts.co.uk/</a>, Facebook: @EbbishamSportsClub, Instagram: @ebbishamsportsclub.
- If you would like your child(ren) to take part on our camp(s), 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 <a href="mailto:admin@ebbishamsportsclub.com">admin@ebbishamsportsclub.com</a>.

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) M  |             |  | 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 n   |             |  | e 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                    |  |              | Mobile number:             |  |  |
| Address:  |             |  |                              |  |              | Relationship to the child: |  |  |
| Name:   |             |  | Telephone                    |  | e number:    | Mobile number:             |  |  |
| Address:  |             |  | -                            |  |              | Relationship to the child: |  |  |

## Please <u>TICK</u> the date(s) you would like to book below:

| DATE  | <b>✓</b>  |                         |
|---|---|-------------------------|
| TUESDAY 23 JULY TRY-SPORT CAMP  |   |                         |
| WEDNESDAY 24 JULY TRY-SPORT CAMP                                      |   |                         |
| WEDNESDAY 31 JULY TRY-SPORT CAMP                                      |   |                         |
| TUESDAY 6 AUGUST TRY-SPORT CAMP                                       |   |                         |
| WEDNESDAY 7 AUGUST TRY-SPORT CAMP                                     |   |                         |
| TUESDAY 20 AUGUST BADMINTON & SQUASH CAMP                             |   |                         |
| WEDNESDAY 21 AUGUST BADMINTON & SQUASH CAMP                           |   |                         |
| TUESDAY 27 AUGUST BADMINTON & SQUASH CAMP                             |   |                         |
| WEDNESDAY 28 AUGUST BADMINTON & SQUASH CAMP                           |   |                         |
| Tick here to <u>give consent</u> for your child/child                 | dren attending this Camp to be <u><b>photogra</b></u><br>ial media pages only.  | <b>iphed/filmed</b> for |
| Junior members wishing to leave the club by                           | , 5 ,   | must have               |
| , - , - , , ,   | mission for the coach on duty to allow your<br>without a parent/legal guardian. | r child(ren)            |
| I confirm I wish to make payment by bank tro                          | ansfer using reference ' <b>sportscamp</b> ' & <b>cl</b>                        | hild's surname'.        |
| BANK DETA<br>Ebbisham Spor<br>Sort Code: 09-<br>Account N<br>37561089 | ts Club<br>-01-54<br>lo:  |                         |
|   |   |                         |

Date: \_\_\_\_

Signature of Parent/Carer: