



**BOURNE SPORTS ASSOCIATION**  
**Sports Training Sessions: In February Half Term 2018**  
**At Peasmarsh Recreation Ground**



**We are running a sports training club for boys and girls of all abilities from 5 –13 years old**  
**The age related and fully structured sessions are designed to encourage youngsters to learn and develop skills**  
**in a fun and safe environment**  
**Sessions will take place on Monday 12<sup>th</sup> and Tuesday 13<sup>th</sup> of February 2018**  
**All sessions are between 10am and 3pm**

Course includes:	Children just need to bring:
<ul style="list-style-type: none"> <li>• Basic techniques, fun games, drills, small-sided games</li> </ul>	<ul style="list-style-type: none"> <li>• Outdoor PE kit/ appropriate clothing/ sunhat &amp; sunscreen</li> </ul>
<ul style="list-style-type: none"> <li>• Confidence building, Teamwork</li> </ul>	<ul style="list-style-type: none"> <li>• Trainers / Astros</li> </ul>
<ul style="list-style-type: none"> <li>• Agility Balance Coordination techniques</li> </ul>	<ul style="list-style-type: none"> <li>• Plenty of non fizzy drink, Packed lunch</li> </ul>
<ul style="list-style-type: none"> <li>• Coaching by qualified coaches</li> </ul>	

If you would like your child to attend the course, please complete the booking form and return it to Damien Bourne. For further information on return address and payment contact, Damien Bourne or Andy Stoodley on 07540934487 (or email [bournesportsassociation@gmail.com](mailto:bournesportsassociation@gmail.com))

**NOTE:**  
**Due to health and safety reasons we regret that no child will be permitted to attend the course until a signed form has been received**  
 All sessions will be run and staff will attend all sessions  
 If any participant behaves in an unacceptable manner, we reserve the right to exclude or remove them from the course.

**Dates: Monday 12<sup>th</sup> and Tuesday 13<sup>th</sup> of February 2018 Times: 10am to 3pm**

Child's First Name: ..... Child's Surname: ..... Male/Female: .....

Age (start of course): ..... Date of Birth: ..... Ethnicity: .....

Any Medical Condition/Allergies: Yes / No (If yes please detail, attach separate sheet if necessary).....

Any Disabilities/Learning Difficulties: Yes / No (If yes please detail, attach separate sheet if necessary).....

Address: ..... Postcode: .....

Home Tel: ..... Parent's Email: .....

Emergency Contact Name: ..... Relationship to child: ..... Emergency Contact Tel: .....

**Parent / Guardian Consent & Agreement:**

I wish my child to be accepted on the above course and I have read and accepted the conditions and terms of the agreement

I acknowledge and accept that the course organisers shall not have any liability in respect of any injuries sustained by my child or in respect of any loss or damage occurring to my child's belongings whilst attending the course.

In the event that my child is injured whilst attending the above course, and where both the emergency contact(s) and I cannot be contacted on any of the above number(s), I hereby give my consent for my child to receive any necessary medical treatment.

I give my consent for my child to be photographed for promotions/communications yes  No

Signed: ..... Date: .....

Print Full Name: .....