**Half-Term Sports Camp**

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Join us at the Badminton Centre for summer of fun and games. Come and get involved in a Badminton and Multi-Sport holiday camp, with the option of booking per day or for the full week. Here is everything you need to know:

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| Week | Dates/ Times | |
| 1 | Thursday 28th to Friday 29th October 2021 | Badminton 10-12, Lunch 12-1, Multi Sports 1-3 |

* The camp is for children aged 8-16 years old
* Activities through the day include: Badminton, Table Tennis, Short Tennis, Handball, Dodgeball, Rounders, Kwik-Cricket, Arts/Crafts, Relay races, Pool, Jenga, etc.
* Participants are required to bring their own packed lunch and refreshments
* The cost is £15 per day
* Sibling discount available
* The option of an early drop off (after 8:30am) and late pick up (up to 5:30pm)
* Places are limited, participation via prior booking only, to ensure your child’s place:
* Call 0191-241-5385 or email us on [enquiries@tynesidebadmintoncentre.co.uk](mailto:enquiries@tynesidebadmintoncentre.co.uk) with ‘Half-Term Activity Camp 2021’ in the subject line
* Or fill out the form on the other side of this page and hand it into reception
* Payments can be made in advance, over the phone or card transaction only

**BOOKING/ REGISTRATION FORM**

Please find the week or weeks you want to book your child on the activity camp, then tick the day or days the child will attend the Summer Camp.

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| Week/ Day | Thursday | Friday |
| Week 1: Thursday 28th – Friday 29th October 2021 |  |  |

Name (in full): ………….…………………….……..….…….….……….…..…….….….………………..…

Date of Birth (dd/mm/yy) ……………………………………………………………………… Male/Female/Other (Circle )

Address: ……………………………………………………………………………………………..................................................

Post Code:………………………………….

Home Tel No: …………………………………………………………. Mobile: …………………………………………….

Email: …………………………………………………………………………………………………………….....

If you wish to receivee-newsletters please tick here ……….

All information will be held in strict confidence and will not be shared with third parties

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| Ethnicity (please state) | Disability |
|  | Do you consider yourself to have a disability? Yes  No   Describe the nature of your disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEDICAL INFORMATION**

Please detail below any important medical information that our coaches/staff should be aware of (e.g. epilepsy, asthma, diabetes, food allergies, prescribed medication etc.)

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**EMERGENCY CONTACT DETAILS**

Name (**print in full**) + Tel. Number

I give my consent for photographs/video to be used for publicity purposes Yes  No 

Signature: …………………………………………… Date: ………………........................

