

10am = 3pm

FEBRUARY HALF TERM ILTI SPORTS CAMP

Monday 12th to Wednesday 14th February



ACADEMY

Baskethall, Rounders, Cricket.





For more information contact:



T Mr Higgins: 01709 812864









HOLIDAY CAMPS REGISTRATION

Multi Sports Camps arrival and registration:

Meet at Maltby Academy Reception at 9.45am

What to bring?

Students need to bring a packed lunch, drinks, suitable clothing and footwear for both indoor and outdoor activities and lots of enthusiasm!

| Our Holiday Camps provide boys and girls with the opportunity to enjoy a range of exercise based activities and develop new skills whatever their ability. | | | | |
|--|----------------|--------------|----------|--------|
| Name | | Ma | le | Female |
| Date of Birth | School | | | |
| Address | | | | |
| Email Address | | | | |
| Emergency Contact Name | | Relationship | to Child | |
| Emergency Contact Telephone Number/s | | | | |
| Alternative Emergency Contact Name & Relationship to Child | | | | |
| Alternative Emergency Contact Telephone Number/s | | | | |
| Name of Family Doctor & Telephone Number | | | | |
| Does your child suffer from any medical c If yes, please provide details | onditions? Yes | No | | |
| Does your son/daughter take any medical If yes, please give details including how the medication is administered, timing, dosage | ne Tos | No | | |
| I give authority for emergency medical treatment to be given on my behalf if necessary (Please tick) | | | Yes | No |
| I give permission for my child's photograph to be taken and used for publicity purposes (Please tick) | | | Yes | No |
| | | | | |
| Signed (Parent/Carer) | Print Nam | е | | |

To confirm your booking the flyer must be returned by Thursday 8th February to the Main Reception at Maltby Academy. Please note that places are limited and issued on a first come, first served basis.