



# ATHLETICS

## AFTER-SCHOOL CLUB

### WALLACE FIELDS JUNIOR SCHOOL

Each attendee will participate in a variety of sporting competitions, from track to field events in a fun and safe environment.

To ensure the safety of the children and to comply with the school Covid Risk Assessment, training will be in year group bubbles with their own coach and changing areas. **\*Min 10 required per year group\***

Boys & Girls of all abilities welcome!

To register your interest, please contact Joe Butler at [academycoaching77@gmail.com](mailto:academycoaching77@gmail.com)

Payments to be made upon receiving numbers intake, Joe Butler to provide further information.

DAY	DATES	TIME	AGE	COST
<b>Monday After-School</b>	<b>April 26<sup>th</sup> &gt; June 28<sup>th</sup> (Excluding Half-Term &amp; Bank Holiday)</b>	<b>3.30 – 4.30pm</b>	<b>Years 3–6 (Year Group Bubbles)</b>	<b>£56 for the block</b>



Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Year : \_\_\_\_\_ Male  Female

Tel No: \_\_\_\_\_ (day) Tel No: \_\_\_\_\_ (emergency)

Medical Conditions: \_\_\_\_\_ Medication: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Declaration: I have read and understood this form, completed all the details to the best of my knowledge and will ensure that I comply with the information set out. I acknowledge and accept that Academy Coaching or respective servants shall not have any liability in respect of any loss or damage to property whilst attending a Academy Coaching course. I hereby give permission for my child to be given emergency medical treatment in my absence if deemed appropriate. I DO/NOT give permission for any photographs/video footage taken of my child/ren during the course to be used in promotion/marketing.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_