Delivered By

SHEFFIELD DRAGONS

During this club you will learn a range of gymnastic skills and techniques. All sessions will be delivered by a qualified gymnastics coach and will be suitable for beginners and all abilities.

Starts: Every Thursday from 29th Feb to 28th March (5 sessions)

What Time: After School in the school hall 3.15pm to 4.15pm

Cost: Free

Who is it for: Years 1, 2 and 3

Please complete the registration form and return it to school by 2nd February 2024.

If you have any questions or require further information, please see school reception or alternatively call John Bell on 07494749226.

| Child's First Name | | | | Child's Last Name | | | | | |
|---|--|---|--|--|---------------------------------------|-------------------|---------------|-----|----|
| Address and Postcode | | | | | Name of Club | | | | |
| Date of Birth | | | | | | Class and Year | 1 | | |
| (Please circle one) | | Male | Female School Attended | | Rawmarsh Ashwood | | | | |
| Name 1 | | | Relationshi | o to | | Telephone | | | |
| | | | child | | | Number | | | |
| Name 2 | | Relationship | Relationship to child | | Telephone Number | | | | |
| Medical Information / Behaviour / Disability | | | | | | | | | |
| (This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies. | | | | | | | | | |
| 0 | | | | | | | | | |
| General Consent (tick as appropriate) | | | | | | | | | |
| General Con | sent (ticł | as appropriate) |) | | | | | Yes | No |
| | | aving his/her pict | | motional/web | site purposes | | | Yes | No |
| I consent to n | ny child h | | ure taken for pro | | | | | Yes | No |
| I consent to n | ny child ha | aving his/her picto of the local press dent, that any me | ure taken for pro | take pictures | of my child | d, if necessary | <i>ı</i> , by | Yes | No |
| I consent to n I consent to n In the event of the medical a | ny child ha | aving his/her picto of the local press dent, that any me | ure taken for pro being invited to dical treatment a | take pictures and anaesthet | of my child ic may be used | d, if necessary | ı, by | Yes | No |
| I consent to n I consent to n In the event o the medical a Can you plea | ny child han embers of an accio of an accio uthorities se confirm | aving his/her picto of the local press dent, that any me present | ure taken for pro being invited to dical treatment a vill be collected a | take pictures and anaesthet after the activi | of my child ic may be used | d, if necessary | ı, by | Yes | No |
| I consent to n I consent to n In the event of the medical a Can you plea | ny child hannembers of of an accio uthorities se confirm | aving his/her picto of the local press dent, that any med present n that your child v | ure taken for pro being invited to dical treatment a vill be collected a | take pictures and anaesthet after the activi | of my child ic may be used ity? | | | | |
| I consent to n I consent to n In the event of the medical a Can you plea | ny child hannembers of of an accio uthorities se confirm | aving his/her picto of the local press dent, that any med present n that your child v | ure taken for pro being invited to dical treatment a vill be collected a | take pictures and anaesthet after the activi | of my child ic may be used ity? | | | | |
| I consent to n I consent to n In the event of the medical a Can you plea (Student nam Please write | ny child han embers of an accio uthorities se confirm e) | aving his/her picto of the local press dent, that any med present n that your child v | ure taken for problem being invited to dical treatment a vill be collected a verson who will | take pictures and anaesthet after the activi will be collecte be picking t | of my child ic may be used ity? | | | | |