

After School Mini Trampoline Club

Delivered By



The mini trampoline sessions will be delivered to music, enhancing the fun experience and trampoline routines. During each session you will learn a variety of trampoline skills and improve your fitness levels.

Starts: Every Monday from 22nd April to 20th May (4 sessions). Please note that there is no session on the 6th of May as this is a bank holiday)

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

Cost: Free

Who is it for: Years 3, 4 and 5

LIMITED PLACES

Please complete the registration form and return it to school by 18th March 2024.

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



Personal Details

Child's First Name		Child's Last Name	
Address and Postcode			Name of Club Mini Trampoline Apr-May24 Years 3,4,5
Date of Birth			Class and Year
(Please circle one)	Male	Female	School Attended Rawmarsh Ashwood

Emergency Contact Details

Name 1		Relationship to child		Telephone Number	
Name 2		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.

Consent

General Consent (tick as appropriate)	Yes	No
I consent to my child having his/her picture taken for promotional/website purposes		
I consent to members of the local press being invited to take pictures of my child		
In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present		

Can you please confirm if your child will be collected after the activity or is allowed to walk home?

Student name _____

Will be collected by (name of the person who will be picking them up)

OR

Can walk home without an adult (Year 4 to Year 6 children only)

(Please tick the applicable box)

Signed: _____

Date: _____

Name: _____

Relationship to child _____