

Little Dragons

After School Karate Club

Delivered By

Sheffield Dragons

Working with instructors from Sheffield Dragons you will learn a variety of skills and techniques to introduce you to karate. In these fun, energetic sessions you will be taught a range of self-defence skills whilst enhancing your fitness and self-confidence.

Suitable for beginners

Start Date: Every Thursday from 16th January - 13th February (5 sessions)

When: After School from 3.15pm to 4.15pm

Cost: FREE

Who is it for? Years 3, 4, 5

PLACES ARE LIMITED

Please complete the registration form and return it to school by Friday 13th December.

You will receive notification if you have been allocated a place.

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 Little Dragons Karate Jan-Feb25 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	<input type="checkbox"/>	<input type="checkbox"/>
I consent to members of the local press being invited to take pictures of my child	<input type="checkbox"/>	<input type="checkbox"/>
In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present	<input type="checkbox"/>	<input type="checkbox"/>

Can you please confirm how your child will leave school after the activity?

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** _____