



St. Albans Catholic Primary

SPRING COACHING SESSIONS

DODGEBALL
WEDNESDAYS
 Yrs 2, 3, 4, 5 & 6
 3rd JAN - 14TH FEB
 3.30pm - 4.30pm



£21 for 6 sessions

ONLY £3.50
PER SESSION

This club is proving very popular and at its capacity so your payment will guarantee your place.

MAX. 28
PLACES FOR
ALL CLUBS

Payment is up front only by CASH or CHEQUES made payable to "District Sports Derby"

PARENTAL CONSENT FORM

I parent/guardian give permission for _____ to attend the after school sports clubs run by District Sports at school.

I parent/guardian in the event of any accident or illness suffered by my child authorise the organisers of After School activities to obtain on my behalf such medical assistance as my child/children may require, and I agree to reimburse the organisers for any expense incurred by them in doing so.

I understand that my child is not permitted to leave their designated group during the session. Please ensure your child is aware of this rule.

The organisers of the coaching course will take every effort to ensure that the highest standards of supervision are offered to children enrolled in the programme. However the organisers:

- 1) Will not be liable for any loss damage or injury to children enrolled in the programme unless such loss damage or injury was caused or contributed to by negligent act or omission of the organisers.
- 2) Will not be liable for any loss, damage or injury to the property of children enrolled on the programme.
- 3) Will not be liable for any loss damage or injury to persons caused or contributed to by children enrolled on the programme unless such loss damage or injury was contributed to by negligent act or omission of the organizers
- 4) Will not be liable for any loss damage or injury to property caused or contributed to by children enrolled on the programme
- 5) Will not be able to rearrange sessions lost due to bad weather or school cancellations.

CLUB CHOICE

WEDNESDAY DODGEBALL (yrs 2,3,4,5 & 6)

(Parent/Guardian) Signed.....

Date.....

Emergency contact:

Name.....

Telephone No.....

PAny Medical Info.....