



**HALF TERM HOLIDAY COURSE**

CRAIG'S COACHING ARE RUNNING A MULTISPORT HOLIDAY COURSE FOR CHILDREN AGED 4-7 AT WYNYARD PRIMARY SCHOOL.

**THURSDAY 2<sup>ND</sup> JUNE  
FRIDAY 3<sup>RD</sup> JUNE  
9.00-4.00PM / 9.00-3.00PM**



TIMES	COST ONE DAY	ATTEND BOTH DAYS
9.00-4.00PM	£17.50	£30.00
9.00-3.00PM	£15.00	£25.00

Courses open to children aged 4-7 years old; children will need a packed lunch/plenty of drinks and suitable clothing and footwear. Wynyard Primary has indoors/outdoor facilities so trainers are needed in case children are indoors. Courses will include a variety of sports including football, cricket, dodgeball and many more.

To register your child fill in this form and return to Wynyard Primary School reception or alternatively send to- Craig's Coaching, 84 Rothbury Road, Newton Hall, Durham, DH1 5QB.

**FURTHER INFO CALL CRAIG ON 07525492385 OR E-MAIL CRAIGSCOACHING@YAHOO.CO.UK**

**WWW.CRAIGSCOACHING.COM**

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Contact Home No \_\_\_\_\_  
 Mobile No \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

E-mail \_\_\_\_\_

Please tick dates to attend

9-4    9-3

2<sup>ND</sup> JUNE       

3<sup>RD</sup> JUNE       

**MEDICAL CONSENT FORM**

Medical conditions \_\_\_\_\_

Details of any current medication \_\_\_\_\_

We the undersigned, in consideration of our child's participation in the Craig's Coaching program and the information supplied on the application form we agree to the following:

My child is in good health and I consider them capable of taking part in the multisport /football programme. I have completed the application form where I have listed any medical conditions and details of any medication taken whilst my child is on the Craig's Coaching programme. In the event of illness or accident, I consent to any 1<sup>st</sup> aid treatment necessary given to my child whilst on the Craig's Coaching programme. Photographs taken by Craig's Coaching can be used for publicity purposes.

Please note that Craig's Coaching cannot be liable for any personal loss or injury that any child sustains whilst on the programme and it is parents/guardians responsibility to inform Craig's Coaching of any medical conditions that could affect their child's participation.

Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE YOU WILL RECEIVE NO CONFIRMATION, CRAIG'S COACHING WILL NOTIFY YOU IF YOUR CHILD DOES NOT GAIN A PLACE ON THE COURSE.**