

Wood End Primary School



KS2 Basketball – Year 3,4,5,6

(Limited to 20 Children)

Day/Dates: **Thursday**
September 13th, 20th, 27th
October 4th, 11th, 18th, 25th

Time: End of School until 4:15pm
Cost: £21.00 for 7 weekly sessions.

If a session needs to be cancelled for any reason by school, you will receive a text message as soon as possible.

Kit Required: School/own PE kit for indoors. Warm sports clothing, appropriate footwear (trainers) as well as plenty of water to last the whole session.

To secure a place for your child, please complete and detach the application opposite and return it, together with payment, to school in an envelope with your Child's name, class and contents.

Cheques should be made payable to: Wood End Primary School

If your child attends WoodE's Afterschool Club regularly, please indicate this by ticking the box opposite and make payment to WoodE's as normal.

Should a booked sports club session subsequently be cancelled by parent or not attended no refund will be given. If however, school has cause to cancel any given session a refund will be given.

Please make a note of these dates in your diary – sessions may not run every week due to other school events

KS2 Basketball – Year 3,4,5,6

(Limited to 20 Children)

Day/Dates: **Thursday**
September 13th, 20th, 27th
October 4th, 11th, 18th, 25th

Please make a note of these dates in your diary – sessions may not run every week due to other school events

Child's Name: _____

Emergency Contact Number: _____

My child will be collected from school at 4:15pm ☐

My child is allowed to walk home from school at 4:15pm ☐

Amount Enclosed: (Cash/Cheque) £21.00 Please Tick ☐

My child will be attending WoodE's Afterschool Club following Basketball Club. ☐

Cheques made payable to Wood End Primary School

Medical Conditions/Allergies: _____

I give consent for my child to participate in the above after school club on the dates and times advised and I certify that my child is in good health to do so. In the case of an emergency, I grant permission for my child to receive first aid/ treatment at hospital.

Signed (Parent/Guardian): _____ Date: _____

No confirmation will be sent upon receipt of this application form; you will be notified if there are no available spaces for your child.

**PLEASE RETURN TO SCHOOL BY
Tuesday 11th September WITH FULL PAYMENT**