



WHARFE VALLEY
ACTIVE

28 Oct - 1 Nov
For Reception to Year 6

Half Term Sports Club

Full week Deals

9-3pm ONLY (£65)

With wraparound

8.30-4pm ONLY (£90)

9-3pm - £15 per day

With Wraparound

8.30-4pm- £20 a day.

Payments can be
made on the day

matt@wharfevalleyactive.co.uk
07999 059 629

**Venue: Sacred Heart
School, Ilkley**

- Basketball
- Rounders
- Dodgeball
- Cricket
- Hockey
- Gymnastics
- Tennis
- Athletics
- Football





Wharfe Valley Active Ltd
1 Greenshaw Court, Guiseley, LS20 9FB
07999 059 629
matt@wharfevalleyactive.co.uk

HALF TERM SPORTS CLUB AT SACRED HEART SCHOOL, ILKLEY

There will be a vast range of sports on offer across the five days of the course, each chosen and delivered in a manner that suits the groups age and ability. Fun and enjoyment are at the heart of our coaching philosophy and we strive to ensure everybody leaves our clubs happy. Staff are all DBS checked, safeguarding certified and first aid trained with lots of experience delivering sports courses.

Please bring along a packed lunch, lots of drinks and snacks, as well as both outdoor and indoor shoes and appropriate clothing for both indoor and outdoor activities.

To book your place, complete the form below and hand into the school office or text or email with your child's name and the days you wish to book them on for and bring the consent form on the day.

Name of Child: _____ Year _____

Group: _____ Contact Number: _____

Days Attending (Circle): MON TUE WED THU FRI

Medical Conditions: _____

Email Address: _____

Name of the adult collecting my child: _____

Payment Method (Circle): CASH CHEQUE BACS (Details Below)

Account Name: Wharfe Valley Active

Account Number: 41520323

Sort Code: 09-01-29

Declaration: I give my consent for my child to attend and take part in all the activities on the Wharfe Valley Active Course. I give permission to Wharfe Valley Active staff to treat my son/daughter for any injury or illness that has arisen during a session. I give my permission for Wharfe Valley Active to contact and provide information about my child to medical services in the case of an emergency and transfer them to hospital should the situation arise. I agree to comply with the Wharfe Valley Active positive behaviour policy.

Parent/Guardian's signature: _____

Date: ____/____/2019