**Multi Sports**

**After School Club**

**Available to Sapphire Class**

(places will be filled from Diamond if there are insufficient children from Sapphire)

Dear Parents and Carers,

Sporty Stars are to run a multi sports club for ten weeks during the summer term, giving your children the opportunity to partake in a range of sports and activities including – **Dodgeball, Tennis, Basketball, Football, Tag Rugby** **and many more.**

If you would like to reserve a place for your child, please complete the details below and **return directly to the school office with payment.**

**This club has been subsidised by 50% from the school’s Sports Premium funding for all children.**

|  |  |
| --- | --- |
| Club: | Multi Sports |
| Start Date: | Friday 20th April 2018 |
| Finish Date: | Friday 29th June 2018 |
| Day: | Fridays x 10 weeks  |
| Time: | 3.30 - 4.30pm |
| Available to: | Available to Sapphire Class (places will be filled from Diamond if there are insufficient children from Sapphire Class) |
| Location: | Hall, Playground or Field |
| Collection: | Parents to wait in front playground. Children will be brought out. |
| Place Notification: | **Your child will have a place on the course unless contacted otherwise** |
| Cost: | £10.00 (Paid in advance)*Places will only be booked on receipt of the £10*  |
| Additional Information: | Your child will need to wear their school PE kit for all sessions. **Please ensure correct kit is in school.** |

**Please note, Places will be allocated on a first come first served basis.**

Please assume your child has been allocated a place unless we contact you to inform you the club is oversubscribed.



**Multi Sports – St David’s Primary School (Friday - Sapphire Class)**

This information will be passed to Sporty Stars who do not have access to our database of information

Please return this slip to the schooloffice **with payment.**

Childs Name………………………………………….………………………….CLASS…………………………

Email address……………………………………………………………………………………………………….

Mobile Number …………………………………………………………………………………………………...

Medical Conditions/Allergies ………………………………………………………………………………….

Signature of Parent/Carer…………………………………………….………… Date…………………..