



10AM – 3PM

HOLIDAY CAMPS MULTI SPORTS CAMP

SUMMER HOLIDAYS
FOUR WEEKS AVAILABLE



AT
WATH ACADEMY

OPEN TO ALL 5-
12 YEAR OLDS

Football, Netball, Rounders,
Cricket, Tig-Games, Dodgeball and
many more.

All delivered by NGB qualified coaches.
(All coaches DBS checked.)

HURRY



PLACES ARE

£10 Per

Day



LIMITED



Mr Flowers: 01709 760222 Opt. 190



football@wathacademy.com



@Wath_Sport

REGISTRATION FORM

Multi Sports Camp Arrival and Registration:

Meet at Wath Academy, Sandygate, Wath Upon Dearne, Rotherham, South Yorkshire, S63 7NW – Main Reception at 9.45am.

What to bring:

Students need to bring a packed lunch, drinks, suitable clothing, sun cream and footwear for both indoor and outdoor activities and lots of enthusiasm!

Pick Your Date(s):

WEEK ONE:	WEEK TWO:	WEEK THREE:	WEEK FOUR:
FRI 22 nd July <input type="checkbox"/>	TUE 26 th July <input type="checkbox"/> WED 27 th July <input type="checkbox"/> THU 28 th July <input type="checkbox"/>	TUE 02 nd August <input type="checkbox"/> WED 03 rd August <input type="checkbox"/>	MON 08 th August <input type="checkbox"/> TUE 09 th August <input type="checkbox"/>

Our Holiday Camps provide boys and girls with the opportunity to enjoy a range of exercise-based activities and develop new skills whatever their ability.

NAME:	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
DATE OF BIRTH:	SCHOOL YEAR:	SCHOOL:		
ADDRESS:				
EMAIL ADDRESS:				
EMERGENCY CONTACT NAME:		RELATIONSHIP TO CHILD:		
EMERGENCY CONTACT TELEPHONE NUMBER (S):				
ALTERNATIVE EMERGENCY CONTACT NAME & RELATIONSHIP TO CHILD:				
ALTERNATIVE EMERGENCY CONTACT TELEPHONE NUMBER:				
NAME OF FAMILY DOCTOR & TELEPHONE NUMBER:				
DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITION:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE PROVIDE DETAILS:				
DOES YOUR CHILD TAKE MEDICATION:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE PROVIDE DETAILS (MEDICATION ADMINISTERED, TIMING, DOSAGE AND SIDE EFFECTS):				
I GIVE AUTHORITY FOR MEDICAL TREATMENT TO BE GIVEN:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE TAKEN FOR PUBLICITY PURPOSES:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SIGNED (PARENT/CARER):

PRINT NAME:

TO CONFIRM BOOKING, THE FLYER MUST BE RETURNED BY **MONDAY 18th JULY 2022** via EMAIL to either eflowers@wathacademy.com or football@wathacademy.com WITH COMPLETED REGISTRATION.

Please note that places are limited and issued on a first come, first served basis.