

'Holmfirth Harriers Stars on Track'
Athletics Summer Schemes 2017

For 8 – 13yrs of age

1. Monday 24th of July & Tuesday 25th of July at Scissett Middle School

2. Monday 14th and Tuesday 15th of August at Rowley Lane School, Lepton. (to be confirmed building work)

3. Tuesday 29th and Wednesday 30th of August at Holmfirth Harriers A.C Neiley Playing Fields, Honley.

Each course 10am to 3pm Daily

Fully supervised Lunch break.
Bring packed lunch. Tuck shop available.

Cost £18 for two day course.

(Cheques payable to Holmfirth Harriers A.C)

Forms available from John McFadzean (Mob 07800507824 or email hellojohn@tiscali.co.uk),

Or on line from the Holmfirth Harriers A.C website from 1st June 2017. Registration forms to be sent to John McFadzean at 6 St Mary's Mews, Honley Holmfirth HD9 6DH

Book early limited places available!!!

Promoted by Holmfirth Harriers A.C in conjunction with Kirklees Neighbourhood Policing Team

ACTIVITY REGISTRATION FORM

We are requesting the following information in order to:

Ensure that all participants are as safe as possible. Provide you with further information on opportunities available. Ensure that the activities are open to all the community.

ACTIVITY DETAILS

| | | | |
|-----------------|--|-------------------------|---|
| ACTIVITY: | <u>UKA Academy Star Track</u> | Venue 2 and Date | Tuesday 29th and Wednesday 30th of August 2017 at Neiley Playing Fields Honley. |
| Other Venues | Please indicate any of the other venues you wish to attend. Scissett Mon 24th & Tues 25th July Lepton Mon 14th & Tues 15th Aug. (to be confirmed) | TIME: For All Venues | 10am to 3pm |

PARTICIPANT DETAILS

| | | | | |
|---|-------------------|-----------|------|--------|
| NAME: | AGE: | SEX: | MALE | FEMALE |
| ADDRESS: | | POSTCODE: | | |
| TEL NO: | DATE OF BIRTH: | | | |
| SCHOOL: | | | | |
| CLUB: | | | | |
| NAME OF PARENT/GUARDIAN/CARER: | | | | |
| EMERGENCY CONTACT NUMBER OF PARENT/GUARDIAN/CARER: | | | | |
| WHO IS AUTHORISED TO COLLECT YOUR CHILD FROM THE ACTIVITY SESSION: THE SESSION FINISHES AT ...3.00pm..... AT THAT TIME YOU ARE RESPONSIBLE FOR THE CHILD'S WELFARE | | | | |
| ARE THERE ANY MEDICAL CONDITIONS THAT THE COACH SHOULD BE AWARE OF: | | | | |

ETHNICITY (PLEASE CIRCLE)

| | | | |
|---------------|--------------------------|---------------|-----------------|
| WHITE | INDIAN | PAKISTANI | BANGLADESHI |
| CHINESE | IRISH | BLACK (OTHER) | BLACK CARIBBEAN |
| BLACK AFRICAN | ANY OTHER (PLEASE STATE) | | |

DISABILITY

| | | |
|---|----------------------|----|
| DO YOU CONSIDER THE PARTICIPANT TO HAVE A DISABILITY (PLEASE CIRCLE) | YES | NO |
| IF YES, PLEASE STATE THE NATURE OF THE DISABILITY (PLEASE CIRCLE) | | |
| LEARNING DISABILITY: | PHYSICAL DISABILITY: | |
| HEARING IMPAIRMENT: | VISUAL IMPAIRMENT: | |
| OTHER PLEASE SPECIFY: | | |

SIGNATURE OF PARENT/GUARDIAN.....

DO YOU WISH TO RECEIVE DETAILS OF
ACTIVITIES IN THE FUTURE (PLEASE CIRCLE)

YES NO

DO WE HAVE PERMISSION TO INCLUDE THE
PARTICIPANT IN PHOTOGRAPHS OF THE ACTIVITY SESSION

YES NO

PLEASE ENSURE THE PARTICIPANT IS WEARING SUITABLE CLOTHING, AND THAT THEY HAVE ADEQUATE/APPROPRIATE REFRESHMENTS FOR THE DURATION/NATURE OF THE ACTIVITY.