

**'Holmfirth Harriers Stars on Track'**  
**Athletics Summer Schemes 2017**

**For 8 – 13yrs of age**

**1. Monday 24<sup>th</sup> of July & Tuesday 25<sup>th</sup> of July at Scissett Middle School**

**2. Monday 14<sup>th</sup> and Tuesday 15<sup>th</sup> of August at Rowley Lane School, Lepton. (now confirmed at Rowley Lane School)**

**3. Tuesday 29<sup>th</sup> and Wednesday 30<sup>th</sup> 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)**

**F**orms available from John McFadzean (Mob 07800507824 or email [hellojohn@tiscali.co.uk](mailto:hellojohn@tiscali.co.uk)),

**Or on line from the Holmfirth Harriers A.C website from 1<sup>st</sup> 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:	<b><u>UKA Academy Star Track</u></b>	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 24 <sup>th</sup> & Tues 25 <sup>th</sup> July Lepton Mon 14 <sup>th</sup> & Tues 15 <sup>th</sup> Aug. (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/LEASE

ENSURE THE PARTICIPANT IS WEARING SUITABLE CLOTHING, AND THAT THEY HAVE

ADEQUATE/APPROPRIATE REFRESHMENTS FOR THE DURATION/NATURE OF THE ACTIVITY.