



CARDINAL NEWMAN AFTER SCHOOL VOLLEYBALL CLUB 2018/19 REGISTRATION FORM (Winter Term)

Dear Parent,

We will be running **12 after school coaching sessions** for children from **Year 3 to 6** at Cardinal Newman RC Primary School every Wednesday commencing **Wednesday 12th Sept** and end week commencing **Wednesday 5th Dec** (half term week commencing 22nd October).

The aim of the course is to provide focussed technical coaching, fun and excitement from our accredited academy & CRB coaches for a maximum of 14 students all year round. This will give them the opportunity to enjoy an Olympic and Commonwealth team sport and to encourage them to join Richmond Beach Volleyball Club (based at Three Rivers Academy School, Elmbridge).

Venue: Playground, Cardinal Newham
Who: Everyone (irrespective of age/ability/ experience)
Priority: Year 4 to 6 (Mixed)
Time: 3.30pm to 4.30pm
Maximum number 14 students.

Cost: £65 for 12 sessions
(£ Includes school charge)

Dates of the club - in case of inclement weather the club will still be on.

Wed 12 Sept	Wed 3 Oct	Wed 31 Oct	Wed 21 Nov
Wed 19 Sept	Wed 8 Oct	Wed 7 Nov	Wed 28 Nov
Wed 26 Sept	Wed 17 Oct	Wed 14 Nov	Wed 5 Dec

Please return payment/permission slips by **Friday 9th September** so we have time to collate them. Children can join the club mid way through term if there is space with payment/ permission slip returned. Dress Code: Trainers essential: PE kit is ideal. To confirm your interest please respond to: David Rijvers david.rijvers7@gmail.com

Responsibilities

- All pupils attending clubs will be expected to follow the school’s behavior code. Behaviour expectations are the same as those operating during the school day.
- Meet in the school playground (changed and ready to play)
- Parent/guardian collect the players at the end of each session

To book onto the after volleyball school club please complete the following alongside £65 (includes charged for use of the school facilities) and hand in to the school office or to coach (cheques made payable to 'Richmond VB'. Please print clearly - Thank you!

Child's Name	
Address	
Post Code	
Date of Birth	
Year Group / Class	
Parent / Guardian Surname	
Contact Telephone No:	
Mobile Telephone No:	
Email (block capitals)	

Does your child have any medical conditions we should be aware of (i.e. epilepsy, asthma etc). Please specify

Please direct any enquires to **David Rijvers (FIVB International Coach and UKCC Coach Tutor)** david.rijvers7@gmail.com or **call/text 07779134007**