

AN OLYMPIC AND COMMONWEALTH SPORT TO GET EXCITED BY!

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

Dear Parent,

We will be running **10 after school coaching sessions** for children from **Year 3 to 6** at Cardinal Newman RC Primary School every Monday commencing **Wednesday 9th Jan** and end week commencing **5th April** (half term week commencing 18th February).

The classes are a great way for children to progressively develop their core skills through various technical training activities in an enjoyable manner, regardless of age, ability or experience. Whether they are new to the game or a rising star our sessions will provide the perfect mix of technical coaching, fun and excitement from our accredited & CRB coaches.

Venue: Playground, Cardinal Newham

Cost: £55 for 10 sessions

Who: Everyone (irrespective of age/ability/ experience)

(£ Includes school charge)

Priority: Year 3 to 6 (Mixed)

Time: 3.30pm to 4.30pm

Maximum number 14 students.

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

Wed 9 Jan	Wed 30 Jan	Wed 20 Feb (H/T)	Wed 27 Mar
Wed 16 Jan	Wed 6 Feb	Wed 27 Feb	Wed 6 Apr
Wed 23 Jan	Wed 13 Feb	Wed 6 Mar	

Please return payment/permission slips by **Friday 11th January** 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 £55 (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**