

Bridge Of Weir Primary School

School Sports & Activity Clubs



Day	Activity	Time	Class	Coach	Cost
Tuesday	Dodgeball	12:15 - 12:45pm	P4-5	Gregg	Free
	Basketball	3pm - 4pm	P6-7	Basketball Paisley	Free
Wednesday	Dance (30 pupils max)	8:15am - 8:55am	P4-5	Holly	£1
Thursday	Tennis*	8:15am - 8:55am	P3-4	Strathgryffe Tennis	£1
Friday	Tennis*	8:15am - 8:55am	P5-7	Strathgryffe Tennis	£1

***Can you ensure your child is not within the school until the club begins or the coach has arrived.**

Block 1: 11th September – 6th October (Exc. 22nd and 25th Septemeber)

The block will last for 4 weeks (except for school holidays). Could you ensure consents are handed back into the school by Wednesday 6th September

For more information please contact the school directly or the Active Schools Coordinator Jamie Arthur on 07813530417

CLUBS BOOKING FORM:

CLUB 1. Day.....
 CLUB 2. Day.....
 CLUB 3. Day.....
 CLUB 4. Day.....

NAME
 ADDRESS.....
 POSTCODE.....
 CLASS.....
 PHONE NUMBER.....
 DATE OF BIRTH.....

EMERGENCY CONTACT
 NAME.....
 RELATIONSHIP TO PARTICIPANT.....
 ADDRESS.....
 PHONE NUMBER.....
 MOBILE NUMBER.....
 DOCTOR'S DETAILS (in case of emergency
 NAME.....
 ADDRESS.....
 PHONE NUMBER.....

DO YOU GIVE CONSENT FOR YOUR CHILD TO WALK HOME UN-ATTENDED?
 Yes No

MEDICAL INFORMATION
 Does the participant suffer from any condition requiring medical treatment, including medication? * YES / NO
 If YES please give details

Please provide details of any medication that maybe required during the outing (all medication must be labelled correctly and clearly with name and dose)

To your knowledge is the participant currently on any medication? * YES / NO
 If YES please give details

Is the participant disabled within the terms of the Disability Discrimination Act 1995? (*Please note that a disability under the Act is either a mental or physical impairment, and can include hidden conditions (e.g. asthma, epilepsy, diabetes etc) that is likely to last 12 months and affects everyday activities e.g. memory, mobility, speech, continence, concentration)* YES / NO
 If YES please give details

Is the participant allergic to any medication/ foodstuffs/ materials? * YES / NO
 If YES please give details

Has the participant received an anti-tetanus injection in the last five years? * YES / NO
 What Year?

Do you give consent for your child's image to be used on:
 Printed promotional publications Yes/No
 Our Website Yes/No

Parent/Guardian Signature.

