

# Moffat and Beattock Primary



**Term 1 - 2017**

If you have any questions please contact **Hayley Powell**  
email [hayley.powell@dumgal.gov.uk](mailto:hayley.powell@dumgal.gov.uk) or  
tel 07775 777944.



Please return this form to the school to secure your space, for the attention of:  
**Active Schools and Community Sport Officer, Hayley Powell.**

Please make all cheques payable to **Dumfries and Galloway Council.**

All sessions have a maximum number of participants, offered on a first come, first served basis.



**All participants need to wear suitable clothing and footwear, and bring plenty of water.**

**MONDAY**

Please tick which session(s) you wish to attend

Tennis	Moffat Academy Sports Hall	P5 - S3	3.30 - 4.30pm	28 Aug - 9 Oct	£1.50 or £10.50 per block	<input type="checkbox"/>
Girls Only Tennis	Moffat Academy Dance Studio	P4 - P7	5.00 - 6.00pm	28 Aug - 9 Oct	Free	<input type="checkbox"/>
Karate	Moffat Primary Sports Hall	P1 - P7	3.10 - 4.00pm	28 Aug - 9 Oct	£21 per block	<input type="checkbox"/>
Netball	Moffat Academy Sports Hall	P6 - S4	4.30 - 5.15pm	28 Aug - 9 Oct	Free	<input type="checkbox"/>

**TUESDAY**

Cross Country	Moffat Primary Sports Hall	P5 - P7	8.15 - 8.45am	29 Aug - 30 Oct	Free	<input type="checkbox"/>
Golf	Moffat Golf Club	P6 - P7	4.00 - 5.00pm	22 Aug - 12 Sept	Free	<input type="checkbox"/>

**WEDNESDAY**

Karate	Beattock Primary School	P1 - P7	3.10 - 4.00pm	30 Aug - 11 Oct	£21 per block	<input type="checkbox"/>
Cricket	Moffat Academy Sports Hall	P3 - P7	4.30 - 5.15pm	30 Aug - 11 Oct	Free	<input type="checkbox"/>

**THURSDAY**

Rugby	Moffat Primary Sports Hall	P2 - P4	Lunchtime	7 Sept - 5 Oct	Free	<input type="checkbox"/>
Multi Sports	Beattock Primary School	P2 - P5	3.10 - 4.00pm	31 Aug - 5 Oct	Free	<input type="checkbox"/>
Golf	Moffat Golf Club	P6 - P7	4.00 - 5.00pm	24 Aug - 14 Sept	Free	<input type="checkbox"/>

**FRIDAY**

Gymnastics	Beattock Primary School	P1 - P7	3.10 - 4.00pm	1 Sept - 22 Sept	£1.00 per session	<input type="checkbox"/>
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**Child's Details**Name \_\_\_\_\_ Male  Female  Year Group \_\_\_\_\_**Emergency Contact**

Name \_\_\_\_\_ Tel No. \_\_\_\_\_

**Medical Conditions** \_\_\_\_\_**Disability** None  Sensory  Learning  Physical  Visual  Hearing  Other 

Details \_\_\_\_\_

I, the undersigned \_\_\_\_\_ parent/guardian) give permission for this child to take part in the Active Schools and Community Sport Programme(s). Unless unaccompanied by myself I agree that he/she will be under the authority of and responsibility to the instructor / coach / teacher / sports leader. If at any time during the session he/she requires first aid I agree for my child to be treated accordingly. If at any time they require urgent medical treatment I give permission, provided I cannot be contacted, to the doctor or surgeon designated to make any decision necessary including administering an anaesthetic.

From time to time, photography may be taken for promotional purposes, websites and social media. If you have any objections to your child being photographed, please tick box

It is the responsibility of the parent / guardian to inform Dumfries and Galloway Council if any details included on this form change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please  Picked up by parent/carer Walking homeTick  Picked up by relevant other, please give name of person