

## Run by FCHS Staff, PE and Art Teachers For boys & girls in years 4, 5, 6, 7 and 8

## Samp

## Half Term Activity Camp







Monday 12<sup>th</sup> - Friday 16<sup>th</sup> February

AM Registration from 9.45am All sessions run 10am - 3pm daily <u>Limited spaces!</u> <u>Book Early</u>



£13 - Booking in advance\* £15 - Payment on the day

A variety of activities running each day:

















<u>Activities Include:</u> Football, Arts and Crafts, Dodgeball, IT Games, Table Tennis, Trampolining, Basketball

Activities can vary on a daily basis due to weather, staffing and facilities available



\*Bring change for a tuck shop onsite

**Location** – Finchley Catholic High School, Woodside Lane, Finchley, N12 8TA

Bookings Email: activitycamp@finchleycatholic.org.uk

**Contact:** 07966541015 **Emergency Contact:** 02084450105 \*Booking in advance requires a minimum of 24 hours notice

What to do: Email or telephone the number provided on the front of this flyer to check availability, and to reserve a place. We will respond to you as quickly as possible. Please complete the application form and bring on your first day or return to the school front office during term time. Payment can be sent as cash or cheque. Please make payable to Finchley Catholic High School. Write your child's name, address and course details on the back. A place cannot be guaranteed unless it is reserved by email or telephone. Payment must be received within 7 days of reservation.

If you have reserved your place by email or telephone and decide not to attend, please email or ring to cancel so that the place can be reallocated and half of the course fee refunded (up to 7 days before course commences). The course fee is non-returnable unless organisers cancel the course. Participants who withdraw from a course within 7 days of the course commencing are not entitled to a refund other than exceptional circumstances (e.g. in cases of certified prolonged illness), and that refund would be subject to an administrative charge. The organisers have the right to cancel the course, applicants will be advised, a credit offered, an alternative course arranged or monies refunded.

Name of child		D.O.B	
Age	Male/Female	Office use only – Date rec'd	l
Name of Parent/Guardian			
Address			
		Post code	
Daytime Tel		Mobile	
RELEVANT MEDICAL Please state what MEDICAL	L CONDITIONS CATION if any is being	Emailg usedment that may be required. Yes	
Which days will your child attend please circle			
Week 1: Mon T	ues Wed Th	nurs Fri	
Each day the child will be collected by parent or guardian / make their own way			
home (please delete as appropriate)			
I enclose a fee of £			
environment. Whilst in our to personal injury, loss or do to refuse admission to a c lunchtime. By signing below I agree to the conditions as	care, participants will be fi amage to property, howeve ourse. FCHS Activity Ca w parents agree to the abov stated – signed Parent / Gu e taken during the course f	d and qualified individuals, commit ully supervised. FCHS are under no r caused whilst attending a course.' mp holds no responsibility for stu e contents. ardian	liability whatsoever in respect The organisers reserve the right dents who are off site during sletters etc. If you do not wish
<u>Unsupervised Lunchtime Permission (Noon – 1pm) – leave blank if no</u>			
			_ permission to leave
the school premises at lunchtime.			
Parent signature			