

# BONNYRIGG PS (AUG-OCT)

## THE WAY WE TAKE CLUB BOOKINGS FOR ACTIVE SCHOOLS HAS NOW CHANGED!

ALL CLUB BOOKINGS MUST NOW BE MADE BY TELEPHONE – NO LATER THAN FRIDAY 28<sup>th</sup> AUGUST.

PLEASE NOTE – PLACES ARE OFFERED ON A ‘FIRST COME-FIRST SERVED BASIS.

AN ANSWER PHONE FACILITY IS AVAILABLE FOR OUT OF HOURS SO IF YOU DO NOT MAKE CONTACT, PLEASE LEAVE THE FOLLOWING DETAILS:

- THE CLUB YOU WANT TO BOOK
- YOUR CHILD’S NAME
- THE SCHOOL YOUR CHILD ATTENDS AND HIS/HER YEAR GROUP
- YOUR NAME AND CONTACT NUMBER

### CONTACT NUMBERS FOR ALL BOOKINGS:

**0131 561 6523 OR 0131 561 6520**

COACHES/COORDINATOR WILL NOT BE RESPONSIBLE FOR NOTIFYING YOU SHOULD YOUR CHILD NOT TURN UP AT A SESSION

ALL ACTIVITIES WILL BE IN BONNYRIGG PS GYM HALL OR MUGA (UNLESS STATED OTHERWISE) AND DELIVERED BY SUITABLY QUALIFIED AND DISCLOSED COACHES.

**The following clubs will be taking place this term:  
BOOKINGS BY TELEPHONE TO BE MADE BY FRIDAY 28th AUGUST**

ACTIVITY	DAY	TIME	AGE	DATES	WKS	REGULAR COST	FREE SCHOOL MEALS
BASKETBALL	MON	1230-1300	P3-7	31 AUG – 28 SEPT (EXC 21 SEPT)	4	£6.50	£4.00
HIP HOP DANCE	TUE	1230-1300	P4-7	1 SEPT - 6 OCT	6	£9.00	£6.00
TAEKWONDO	TUE	1520-1620	P1-7	1 SEPT – 6 OCT	6	£12.00	£9.00
KIC DANCE	WED	1230-1300	P4-7	2 SEPT - 7 OCT	6	£9.00	£6.00
FOOTBALL	WED	1520-1620	P1-4	2 SEPT - 7 OCT	6	£12.00	£9.00
GIRLS JUDO @ THE LASSWADE CENTRE	FRI	1830-1930	P1-7	25 SEPT – 13 NOV (EXC 9 & 16 OCT)	6	£2 per session	N/A

**PLEASE COMPLETE AND RETURN TO COACH WITH PAYMENT ON THE FIRST SESSION  
(ONLY AFTER YOU HAVE PHONED TO BOOK YOUR PLACE) – DO NOT HAND INTO THE  
SCHOOL OFFICE.**

**PUPIL INFORMATION**

Name:

School:

Class:

Home Address:

Gender:

Home Tel:

Mobile Tel:

If you are **NOT ALREADY** receiving emails with active schools newsletters and clubs etc and wish to then please complete your email below.

Email \_\_\_\_\_

**EMERGENCY CONTACT** (someone who can be contacted while your child is attending)

Name:

Address:

Relationship to child:

Home Tel:

Mobile Tel:

Please list below any learning/physical disabilities or other condition(s) that we should be aware of:

Please list below medication that your child is on that we should be aware of

**OTHER INFORMATION** (tick where appropriate)

- I give permission for my child to attend the sessions
- My child is entitled to free school meals
- I give permission for my child's photograph to be taken at the sessions

After the session my child will (only applicable for **after school** activities)

walk home

be collected

attend after school club

Signature:.....

Print Name .....

PAYMENT TO BE MADE WITH THE EXACT MONEY ONLY  
IF PAYING CASH PLEASE ENCLOSE THE EXACT AMOUNT  
CHEQUES SHOULD BE MADE PAYABLE TO MIDLOTHIAN COUNCIL

**JUDITH.CLYNE@MIDLOTHIAN.GOV.UK 0131 561 6523**