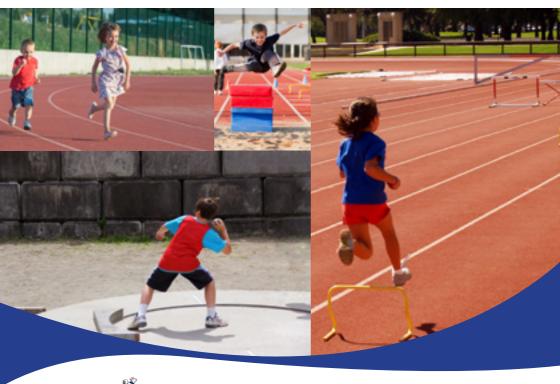
get dctive...

at the Mini Athletics Club

Visit: www.southtyneside.gov.uk/sports







Mini Athletics Club

Children aged 5-7 years old can learn a number of athletics skills in a safe environment with qualified instructors, including jumping, throwing and running. The club is a great way for children to improve balance, coordination and agility while getting fit and having fun. Children will have the opportunity to work towards recognised UK Athletics Awards.

Monkton Stadium

5-7 year olds

Monday: 5 - 6pm

Wednesday: 4.30 - 5.30pm

Thursday: 5 - 6pmFriday: 5 - 6pm

Due to the nature of the activities and the age group, places are limited to 24 children. As there are only 24 places available we will be operating a waiting list.

Pay per session or block book and receive sessions at a lower price. For further information or to block book sessions contact: Simon Simpson, **simon.simpson@southtyneside.gov.uk**. You need to make sure that your child(ren) are registered before attending the mini athletics club.

Please complete this form and send it to:

Simon Simpson
Sport & Leisure Team
Monkton Stadium
Dene Terrace
Jarrow
NE32 5NJ

Alternatively, you can email the form to:

simon.simpson@southtyneside.gov.uk

Application Form (please complete in block capitals)

| Please indicate which of two sessions per w becomes available firs | eek. If there is a w | | | | | |
|---|--------------------------|-----------|--|----------------------------------|-----------------------------------|---|
| ○ Monday: 5 – 6pm | ○ Wed | dnesda | ay: 4.30 — 5.3 | 30pm | | |
| ○ Thursday: 5 – 6pm | | | • | | | |
| Child's Name: | | DOB: | | | | |
| Age: Child's school: | | | | | | |
| | 1 | | | | | |
| Parent/Guardia | n Details | | ı | | | |
| Surname: | | | First Name(| lame(s): | | |
| Mr I | Virs | Miss | | Ms | | Other |
| Address: | | | | ı | | |
| | | Postcode: | | | | |
| Tel number (day): | | Tel numb | number (evening): | | | |
| _ | Number: | _ | Arabic or Mic | ddle Easter | n | |
| Please detail specific r For example asthma, a | nedical/health con | | | | | |
| South Tyneside Council will uwill not be shared with a thir would like to receive this info | d party. We would like t | to send y | to do the tasks in ou information o | order to com on similar chilc | plete your app dren's Sports D | lication. This information evelopment activities. If you |
| I confirm the information wh | ich has been provided o | n this ap | plication form is | correct. | | |
| Signed | | | | Date: | | |
| Relationship to child (| Mother Father etc) | ١ | | | Date: | |