

Dear

Visions Rackets Holiday Camps

We are delighted to welcome you to The Visions Rackets Holiday Camp

A place on the below day(s) has been reserved for you.			
Wednesday 28 July	9.00 -12.00	Withycombe Primary School, Exmouth	
Wednesday 4 August		Withycombe Primary School, Exmouth	
Wednesday 11 August		Cranford Sports Club, Exmouth	
Wednesday 18 August		Cranford Sports Club, Exmouth	
Wednesday 25 August		Cranford Sports Club, Exmouth	
Wednesday 1 September		Withycombe Primary School, Exmouth	

Please confirm your place on the programme by completing the Visions Rackets booking form and making payment to the bank details below.

Name	MRS SUZANNE WILLIAMS
Sort Code	60 – 08 – 09
Account No	72326719
Please ensure you reference the payment with the name of the player(s) booked on the programme.	

The cost of each session is £20 per child, there is a 10% discount for siblings.

Children attending the programme at Withycombe Primary School , please arrive at the front entrance where children will be swiped into the school. (Please note due to safeguarding and covid restrictions parents are unable to stay on the school premises).

Children attending the programme at Cranford Sports Club, depending on covid restrictions players will be asked to either arrive at reception or in the side badminton door (depending on covid restriction parents will either be able to stay on site in the club house or outsides). Arrangements will be confirmed when we have confirmation which areas of the club are open and available.

Please do not hesitate to ask if you require any additional information.

We look forward to seeing you soon!

Sue & Jo

Suzanne Williams and Jo Louis

Visions Rackets

Suzannewilliams413@gmail.com

Visions Rackets Booking Form

Section 1 : Personal details						
Surname		Forename		DOB		
Email						
Telephone						
School / College						
Emergency contact details	Name			Relationship		
(for under 18's a minimum of 2 emergency contacts is required)	Telephone					
	Name			Relationship		
	Telephone					
Section 2 : Medical details						
Please state if there are any medical issues I need to be aware of						
Please state any medicines we need to be aware of						
In case of a minor injury do you give permission for the application of a plaster?					Yes	No
Do you give permission for emergency medical treatment to be given in the event of an incident					Yes	No
Section 3 : Safeguarding & Data Protection						
Do you give permission for any photography, taken to be used in promotional and press coverage?					Yes	No
Do you give permission for any video recording taken to be used for promotional material and coaching purposes?					Yes	No
Please state the name(s) of the person(s) who will be collecting your child / children						
Section 4 : General Information						
How did you hear about Visions Rackets? (please tick all relevant)						
Tennis Club	Coach	School	Family/Friend	Social Media	Newspaper	Other
Section 6 : Please Sign						
I confirm that the information I have provided is correct at the time of completion, I agree to follow current Covid 19 guidelines and understand it is my responsibility to inform Visions Rackets of any changes						
Signature				Date		
Name (parent / Guardian for under 18's)						
Signature				Date		

Please complete and return to Suzanne Williams, by hand or email : Suzannewilliams413@gmail.com