# 27th September 2022

# TBSHS October Rugby Camp

Dear Parent/Carer,

This October half-term on the Monday 24th, Tuesday 25th & Wednesday 26th October, the TBSHS PE Department would like to invite the current year 7’s and 8’s to a rugby camp at the school Pavilion. The camp will be a great way for your son to continue to develop their rugby skills and also support the PSA as a percentage of the money raised will go to support the extra-curricular sport that the department offers.

We will be using the PE staff and our 6th form students to deliver the coaching to ensure that the quality of the sessions are of the highest standard. The activities and area of focus will change each day to provide variety and that a broad range of skills are developed.

The cost for three days will be £60 or £25 for each day attended. Packed lunch/water bottles will be compulsory for everyone and students must bring both indoor and outdoor footwear. Gum shields will also be required. Students are required to wear their games shirt, PE shorts & socks. Students should also bring a warm up top/tracksuit bottoms – these do not have to be TBSHS branded kit.

***Outline of the day***

*Each day will start at 9am and will finish at 3pm. There will be two short breaks and an hour lunch.*

***Morning – Skills & Drills***

***Afternoon – Games & Matches***

Payment can be made in cash, enclosed with the attached form or via the TBSHS PSA website. ([www.tbshspsa.org](http://www.tbshspsa.org)). The deadline for bookings is **Thursday 21st October.** Please address envelopes containing cash/permission slips to Mr Kelsall in the PE office.

If you would like any further information then please email [Elliott.kelsall@tbshs.org](mailto:Elliott.kelsall@tbshs.org).

Yours sincerely,

Elliott Kelsall

Teacher of Physical Education

Head of Rugby

**PAYMENT FORM - *Registration leaflets are due by FRIDAY 18TH October***

**Child’s Details**

Name:......................................................................................

Home Address: ....................................................................... ..............................................................................................................................................

Postcode: ................................... Date of Birth: ...........................................................................

**Medical Contact Details**

Doctor’s Name:......................................................................

Doctor’s Tel No.: .....................................................................

**Please detail any condition staff should be aware of**

(e.g. health problems, allergies, cultural or religious needs): ..................................................................................................

..................................................................................................  
 ..................................................................................................

**Person with Parental Responsibility**

Name:......................................................................................

Home Address: ....................................................................... .................................................................................................. ............................................

Postcode: ...................................

Home/Mobile Tel No:.............................................................

Emergency Contact No 1:....................................................

Emergency Contact No 2:....................................................

**Terms of Enrolment**

I fully understand that if their behaviour is unacceptable to TBSHS they will be removed from camp and no refund will be given. In the event of an accident I hereby give my consent for a trained member of staff to administer first aid or to seek emergency medical advice or treatment on my behalf. I confirm that I have legal parental responsibility and that all of the information I have given is correct.

I give permission for my child to be photographed for future use by TBSHS events promotion. **YES/NO** (please delete appropriate)

**How to Pay**

If paying by cash please enclose full amount and mark with ‘TBSHS PE – Rugby Camp’ and return to Elliott Kelsall in the PE department. Alternatively pay online at [www.tbshspsa.org](http://www.tbshspsa.org).

**Refunds**

If insufficient numbers enroll on camp, the camp will be cancelled and any fees returned. There will be no other circumstance whereby refunds will be granted.

**Signature:**.............................................................................................. (Parent/Guardian) **Date:**..................................