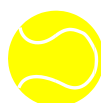




**SATURDAY 17<sup>th</sup> JULY 2021**  
**10am till 2pm**

# Multi Sports

**FUN DAY**  
**@ Bacton Playing Field for 1 day only**



**CALLING ALL 5-12 YEAR OLDS**

**If you like these sports then this is the place for you. Come and join in.**

**BOOK YOUR PLACE VIA EMAIL to [elainepugh15@hotmail.com](mailto:elainepugh15@hotmail.com) or via telephone 01692 402998 – SPACES ARE LIMITED**

**TUG  
OF  
WAR**

**PARACHUTE**

**FOOTBALL**

**CRICKET**

**DODGEBALL**

**BASKETBALL**

**TENNIS**

**TAG RUGBY**

**ROUNDERS**

**HOOPY**

**Free event for local children**

**For more information call Elaine 01692 402998**  
**Bacton & Edingthorpe Parish Council – details and forms on website**  
**[www.bactonandedingthorpepc.info](http://www.bactonandedingthorpepc.info)**

**You MUST register and COMPLETE A HEALTH FORM**  
**Bring your sunscreen and hats, lunch, any necessary medication for allergies,**  
**water bottles and snacks**

**BACTON & EDINGTHORPE PARISH COUNCIL  
MULTISPORTS – PARENTAL CONSENT FORM**

<b>Name of child</b>		<b>M/F</b>	<b>DOB</b>
<b>Name of child</b>		<b>M/F</b>	<b>DOB</b>
<b>Name of child</b>		<b>M/F</b>	<b>DOB</b>
<b>Name of child</b>		<b>M/F</b>	<b>DOB</b>

<b>Address:</b>	
<b>Telephone No</b>	<b>Emergency/Mobile</b>

<p><b>I GIVE MY CONSENT for the above named child(ren) to participate in Multisports on Saturday July 17<sup>th</sup> 2021 at Bacton Playing Field</b></p> <p><b>Signature of Parent/Guardian .....</b></p> <p><b>Date..... Full Name.....</b></p>
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<p><b>I WILL COLLECT MY CHILD _____ (tick)</b></p> <p><b>I GIVE MY CONSENT for the above named child(ren) to leave the location unaccompanied at the end of each Multisports session and will not hold the Parish Council responsible for any incidents after they leave the activity. _____ (tick)</b></p> <p><b>Signature of Parent/Guardian .....</b></p> <p><b>Date..... Full Name.....</b></p>
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<p><b>I GIVE MY CONSENT for the above named child(ren) to receive any medical treatment that may be necessary in the event of an emergency.</b></p> <p><b>Signature of Parent/Guardian .....</b></p> <p><b>Full Name.....</b></p>
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**MEDICAL CONDITIONS OR DISABILITY**

**Please note below and INFORM any medical conditions, medications used or dietary needs or in particular allergies which are relevant to the involvement of your child(ren) in the MULTISPORTS event.**

**BACTON & EDINGTHORPE TAKES NO RESPONSIBILITY FOR THE SAFETY OF YOUR CHILD(ren) ONCE THEY HAVE LEFT THE PLAYING FIELD. THIS DOCUMENT MUST BE SUPPLIED TO THE COUNCIL PRIOR TO THE EVENT.**