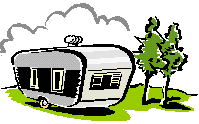
**WEEKEND TRAINING COURSE**



# Or 1 Day Training

**Join us on a weekend training course and grading being held on**

**Saturday & Sunday 24th & 25th August Homestead Lake Park Weeley.**

**Course Instructor Les Birkin 7th Dan and other Black Belts.**

The course will commence as soon as tents & caravans are set up. Approx. 9.30am.

The course fee for the weekend will be: £24 per person {including grading)

£21 Juniors

£18 Black Belts

**For those training only 1 day half the above price (grading is only for the weekend)**

Those wishing to attend will require a tent or caravan, sleeping bag, camping equipment, food, running shoes (at least 2 pairs) and change of clothing for training.

Parents, partners and children are welcome to come along.

The amenities include a camping equipment shop, Showers Toilet block, and Café (open limited hours) there is take away near by.

Bring B.B.Q & food for the Saturday night get together.

Those wishing to attend who do not have transport or equipment should contact **Les Birkin on 01206 322062 for information.** Please let Les know as soon as possible if you need a tent, as spare ones are limited.

Those people wishing to go Friday night may do so.

DIRECTIONS Join the A120 towards Harwich, take the first exit from the A120, signposted Clacton A133. Follow the A133 then at roundabout take the B1033 signposted Weeley, then at next roundabout take lefthand fork again. Travel along this road for approx 1/4 mile and you will find us on the left hand side.

Training will consist of basics, running, sparring, pair work, Kata, obstacle courses and a few surprises. All students grading will be assessed over the weekend. The course is a bonus grading. Please complete information below & return with your remittance. Site fee will be approx. £10 per night.

**NAME………………………………………………………………………………..**

**ADDRESS…………………………………………………………………………………………**

**………………………………………………………………………………………………………**

**GRADE………………………………………….. CLUB………………………………….**

**TEL. NO………………………………………….. SIGNATURE…………………………**

**Parental Consent Form**

**To be completed for all students under the age of 18years of age by the parent/guardian**

**For activities organized by clubs within the W.K.U.**

**Section 1 – this data will help us to contact you should we need to during activities.**

Name of Child: D.O.B.

Address:

Postcode:

Name and Address of Parent/Carer during the activities if different from the child’s address above.

Postcode: Relationship:

Contact tel no(s) Daytime Evening Mobile:

**Section 2- Medical Information. This data will help us to give the best possible care to your child.**

Name of Family Doctor

Address and Phone number of family doctor.

Please give details of any allergies affecting your child.

Please give details of any medication your child is currently taking, the dosage and whether it can be self administered (Instructors are not permitted to issue medication)

Please give details of any contagious or infectious diseases your child has suffered from in the past 3 months.

Please give details of other recent illnesses:

Any other conditions that may affect training i.e. ADHD, autism, learning difficulties:

Please give date of last Anti-Tetanus infection:

Please give any details of any special dietary requirements your child has:

If water act ivies are involved on the course do you give your consent for your child to take part? Yes/No

Please give details of any act ivies that your child cannot take part in:

**Section 3- to be read and signed only by the parent or other adult with parental responsibility.**

*Give permission for my son/daughter to take part in these activities and understand the nature of the activities that will be undertaken.*

*I understand that the leader will take all reasonable care in looking after my son/daughter but they cannot necessarily be held responsible for any loss or damage to property during or as a result of this trip.*

*In a emergency, if I cannot be contacted despite all reasonable attempts to do so by the instructor I give permission for my son/daughter to undergo emergency medical/dental treatment, including the use of anesthetics as considered necessary by the medical authorities.*

*I understand that if my son/daughter grossly misbehaves during these activities then the instructor may forbid them from further participation.*

*We may take videos and photographs of the students during the course of the activities and these may be posted on the WKU website.*

*Signature Date*

*Parent or other adult*

*With parental responsibility*