



Dear Parent/Carer

We are pleased to inform you that during the upcoming summer holidays, Mr O'Neill and the Xcite Sports team will be running a sports and activity camp from **Monday 22nd July – Friday 26th July**. The camp will take place at **Kirk Sandall Junior School** and will run from **10:00am-3:00pm** each day.

The camp is open to **all pupils in Yr3-Yr6** (children will be divided into age-appropriate groups where necessary) and the emphasis will be placed on ensuring everyone has a fun and enjoyable week. Children will be expected to behave appropriately; any children not doing so may be unable to attend sports camp. Children will need to bring suitable indoor and outdoor clothing, as well as a packed lunch and drinks.

The pricing of the camp will be **£10 per day** or **£45 for all 5 days**. Payments can be made by cash or cheque made payable to Xcite Sports.

To book a place for your child(ren) please fill in the attached return form. For further information please contact Mr O'Neill on 07851046611 or [james@xcitesportsandfitness.org](mailto:james@xcitesportsandfitness.org).

You can assume your child's place is confirmed unless you hear otherwise from us. Unfortunately refunds cannot be given for cancellations made on or after the first day of camp.

Themes (participation always optional)

**Mon – CRAZY HAIRSTYLE DAY** – come to camp with the craziest, wackiest hairstyle you can imagine

**Tues – COACHES PORTRAIT** – produce an artwork of a coach, sublime or silly, it's up to you!

**Wed – KIDS v COACHES** – create or bring along a challenge to try and beat the coaches at

**Thurs – DANCE OFF** – the world famous annual event, a chance to become our Dance Off Champion

**Fri – SOAK THE COACH** – bring a water pistol to drench the coaches

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My child ..... in Year ..... will be attending Sports Camp on:

(please tick) Mon 22nd ..... Tues 23rd ..... Weds 24th ..... Thurs 25th ..... Fri 26th .....

I enclose payment of £ .....

Emergency Contact Name and Number: .....

Medical Conditions: .....

Photographic Consent (please circle):    YES      NO

Signed: ..... Date: .....