**Performing Arts After School Club**

**Mondays 3.15pm – 4.15pm 25th Feb – 25th March 2019**

Full of Beans South Wirral is delighted to offer this new club to children in all Years for BOTH boys and girls. Our new club will include all the elements of performance including drama, dance and singing. The children work on specially selected songs and dances from well know films to build on their musicality, as well as their rhythm and co-ordination such as:

**The Wizard of Oz**  **The Greatest Showman**



**Annie**  **High School Musical**  **Mamma Mia**  **Matilda**



The sessions will be fun for both boys and girls of any ability and no experience is required. Children will develop their communication skills, grow in self-esteem and enjoy making new friends in our fun and friendly club.

If you would like your child to participate, the cost for the 5 weeks is £20 and can be paid by bank transfer, cash or cheque. Please complete the form below asap and put it in an envelope with “Full of Beans South Wirral” on. Places will be allocated on a first come first served basis, so please assume you have a place unless you hear otherwise. Children can wear their PE kit. As always, instructors are qualified, fully insured and DBS checked.

For further information, please call lauren anytime.

M : 07846383418 e: [lauren@fullofbeansfitness.co.uk](mailto:lauren@fullofbeansfitness.co.uk)

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# INFORMED CONSENT FORM : BISHOP WILSON MUSICAL THEATRE SPRING 19

Child’s Name ………………………………………………........ Year Group ..................................... Class ………………………

My child will be collected at the end of the session by ………………………………………………………………………………………………….

(*NB if you do send someone else to pick up your child who isn’t named here then we cannot release them without your written consent)*

I have enclosed a cheque (payable to “Full of Beans South Wirral”)

I have enclosed cash

I have paid on-line to: Full of Beans South Wirral, A/C Number: 90311120, Sort code: 09-01-28

\*\*\* **It’s important that this is your On-Line Reference number: “BISHOP WILSON/insert the *name of your child”*** *\*\*\**

* Any Medical Conditions we should be aware of? Please circle: YES or NO If Yes, please put details on reverse of this slip.
* Occasionally, we may take photographs of the children having full of beans fun at our clubs. We may use these images in our prospectus or in other printed publications that we produce, as well as on our website. May we use photos of your child as described? YES or No

Parents signature……………….......…………………………………………..……..….… Printed Name...………………………………………………….……………………..……...............

Emergency Phone No ...........……………...................................................... Email Address: ………………………………………………………………….……………………….

I agree that my child can participate in the exercise session described to me by the instructor and I understand that in order for the session to remain effective it will change and progress as time goes on. The structure, purpose, benefits and risks of the session have been explained to me and I understand that my child may withdraw from the session at any time. I understand that whilst the School provides the venue, it is not responsible for the coaching sessions run by “Full of Beans”. I am happy for loco parentis to be given to the Full of Beans Coach during the coaching sessions and after this time loco parentis will return to a member of the school staff. I am fully aware that there will NOT be a member of school staff in attendance at the coaching sessions. If my child will not be attending a session, I understand that it is my responsibility to let the school/coach know in writing. I also agree to inform the school and/or Full of Beans if anyone else is going to pick up my child other than the person listed above. Full of Beans operate a no refunds policy from March 2015.