

Please return completed form to:

Craughwell AC Summer Camps
Cathriona Farrell
Parkroe
Craughwell
Co. Galway



For more information, contact:

Email: summercamp@craughwellac.com

Web: www.craughwellac.com

Phone: Cathriona @ 087 2638869



Skills development

Trained leaders



Sports Day



3-legged relays

Skills Assessment

Tag rugby

fit
4fun

Summer Camp 2015

@ Craughwell AC

A summer camp with a difference!

Advanced and beginners programs



Crazy relays

Novelty games



Egg & spoon

Team challenges



Wheelbarrow race



Rounders

When?
13th - 17th July

10th - 14th August

Where?
Craughwell NS

How long?
10am to 2pm

Tug-o-war



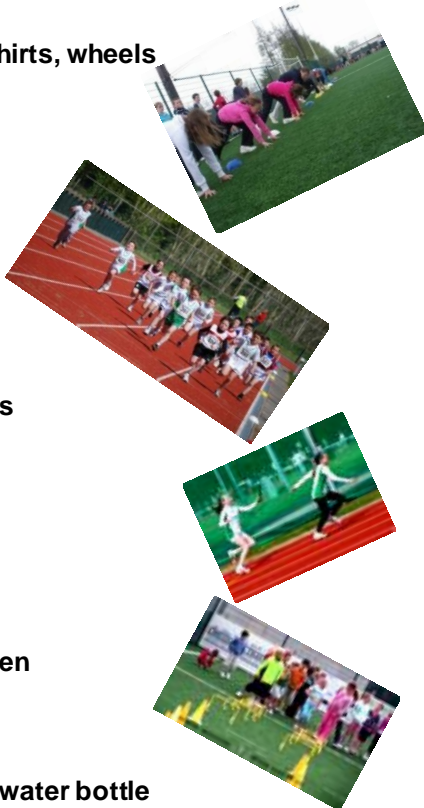
Introduction to athletics



And many more games

Craughwell AC's fit4fun multi-sport summer camp is on again!

- Led by trained coaches and athletes from Craughwell AC.
- Aimed at primary school children from sixth class down to those entering first class.
- Open to all children from all areas.
- Places restricted and filled on a first-come first-served basis.
- Fun games and activities
 - Novelty relays – wellingtons, t-shirts, wheels
 - Tug-o-war
 - Long jump
 - Novelty running games
 - Throwing
 - High jump
 - Obstacle course
 - Treasure hunts
 - Hurdles
 - And many more fun games



- Advanced coaching for athletics events
- Suitable for all levels of fitness
- Beneficial for all sports
- Skills assessment
- Introduces new sports/events to children
- Progresses existing skills

What you need to bring: Packed lunch and water bottle

What you need to wear: Tracksuit; runners; shorts/t-shirt; raincoat; sunhat!

How much?

- €60 per week, with €10 discount if already a member of an athletic club
- Maximum €120 per family.

Registration Details

Name	Birthday	Camp Date ¹	Club ²
1)
2)
3)
4)

¹ Please indicate the date of the preferred camp.

² Discount available if already a member of an athletic club. If not a member, please include copy of birth cert in order to be registered as a member of Athletics Ireland/Craughwell AC.

Parent/Guardian Contact Information

Name:

Address:

Mobile:

Email:

Secondary Contact Information

Name:

Mobile:

Medical Conditions

If any of the participants have a condition of which we need to be aware, please indicate participant names and condition below.

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Confirmation

I have read and agree to the following conditions:-

- I enclose a deposit of €25 per participant.
- I agree that I and the above participants will be bound by the Irish Sports Council's Code of Ethics and Good Practice for Children's Sport.

(www.irishsportsCouncil.ie/Participation/Code_of_Ethics)

Parent/Guardian Signature:

Date: