

CUMBRIA CRICKET BOARD COACHING COURSES

The Cumbria Cricket Board has arranged a series of coaching courses at Nelson Tomlinson School Wigton, to offer coaching for boys and girls, from under 11s through to under 15s. Courses will run in 2 hour sessions for four weeks for U11s, and six weeks for U13s and U15s, please see below for the timings and costings:

Course	Dates	Cost
u11 Course Further development of basic cricket skills	March 20 th , 27 th , April 3 rd and 10 th on Sundays 2-4pm	£24 for 4 x 2hrs
u13/14 Course Further developing the Cricketer	21 st Nov, 5 th Dec, 9 th Jan, 23 rd Jan, 6 th Feb and 20 th Feb	£36 for 6 x 2hrs
U 15 Course Advanced developing the Cricketer	28 th Nov, 12 th Dec, 16 th Jan, 30 th Jan, 13 th Feb and 27 th Feb	£36 for 6 x 2hrs

The activities will run in group sessions with tennis balls, and hard balls for net sessions. The courses will be staffed by our professional and qualified ECB coaches, and tailored to the level of each participant. Numbers are limited, and will be allocated on a first come first served basis.

The age groups:

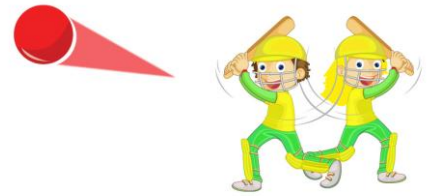
U11 Anyone who is in school years 6 and below (from 1st September 2010)

U13 Anyone who is in school years 8 and below (from 1st September 2010)

U15 - Anyone who is in school year 10 (from 1st September 2010)

To enrol for a course please fill in the following application form and send it with a cheque for the appropriate amount to: **Cumbria Cricket Board, Unit 22, Summerlands Industrial Estate, Endmoor, Kendal. LA8 0ED 015395 60066**

Please note that the closing date for applications is **7th November 2010**. Confirmation of acceptance on the course will be emailed to you. Courses may be cancelled if they are not fully subscribed but you will be informed of this before the start of the course.



**APPLICATION FORM FOR OPEN COURSE AT NELSON,
TOMLINSON SCHOOL, WIGTON**

Course applied for _____ (E.g U13 etc)

Name of player _____

Name of parent _____

Address _____

Postcode _____

Telephone number (Home) _____
(Mobile) _____

Email address _____

Date of Birth _____ School Year _____

2nd Contact if Parent / Guardian unavailable.

Name _____

Telephone number (Home) _____
(Mobile) _____

Relationship to child _____

Please list any special needs your child has e.g. asthma, epilepsy, allergies, any other special needs, we need to be aware of

I give my consent that in an emergency situation, the coaches running the session may act *in loco parentis*, if the need arises for the administration of emergency first aid, and / or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence that all reasonable steps will be taken to contact me or the alternative adult who I have named above.

Signed _____ Parent/Guardian

Please tick this box, if you give consent for your child to be photographed for CCB to use for promotional literature