**MARTIAL ARTS SELF DEFENCE CLASSES![C:\Users\pre install user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\LR20EX77\90px-Cardio1color[1].jpg]()**

Try our afterschool beginner non-contact Martial Arts sessions at St. Nicholas Primary School.  You can join in this class irrespective of your current fitness levels. The sessions take place in a safe and friendly environment.

The lessons are organised by Stephen Wright who also runs a tennis coaching programme (hence the email address) s.wright@internationaltenniscoaching.com

Venue: St. Nicholas Primary School

Dates: Tuesday 18th April – Tuesday 11th July (12 weeks)

Time: 3:30-4:30pm

Level: Any standard welcome from beginners to experienced martial artists

Age: KS1 and KS2

Cost: £78 (Including VAT) (£6.50 per session)

There will be an opportunity at the end of the term for students to attend a grading (at a fee) and be awarded a belt if they meet the grading standards. Existing pupils who already have a belt can grade for their next appropriate belt.

Any Martial Art is a fantastic sport which will help your child’s overall fitness and flexibility. It also promotes self-discipline and work ethic and is a form of self-defence. Please note that a minimum of 20 pupils are needed for the class to go ahead.

To enrol your child please fill in the form below and return it to me via email before 31st March. Payment can be made by using the following bank details:

International Tennis Coaching Ltd

Sort Code: 55 81 42

Acc: 907 419 27

**Please do not pay until we have confirmed numbers and you have received confirmation that the club will be going ahead.**

**It is very important you enter your child’s surname and SNP as a reference so we can find your payment.**

To reserve a space for your child e-mail: s.wright@internationaltenniscoaching.com.

I would like my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_ to take part in the Martial Arts Club.

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer

Child Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_