

**New programme
for this autumn!**



Football in the Community

Extra Time physical & social activities for over-60s

- Increasing access and opportunities for physical and social activities for over-60s
- Try lots of new sports, including aerobics, basketball, football, hockey, badminton, table tennis, short tennis, tai chi and yoga or make use of swimming pool or gym
- All sessions run by qualified coaches and instructors at the Riverside Swimming Centre and Wensum Lodge Sports Hall
- Organised walks and three stadium tours also available
- The chance to meet your NCFE Legend during the social & refreshment time at the Football Club after every session
- Register now to join in the fun!



ExtraTime

supporting independence and wellbeing for older people



visit us online at www.fitc.org.uk **or call** 01603 761122

Extra Time Programme Information

10 Week Block

Wednesdays

10.00 – 11.00pm: Physical Activity
11.00 – 12.00pm: Social Activity

November 19th & 26th
December 3rd, 10th & 17th
January 14th, 21st & 28th
February 4th & 11th

Cost: £20.00

Stadium Tour & Shopping Trip

Thursday 5th February

A trip to Wembley Stadium then stop
off at Brent Cross Shopping Centre

Cost: £15.00

Fringe Walks

Tuesday 20th January
2.00pm, Bowthorpe

Thursday 29th January
11.00am, Norwich

Tuesday 10th February
11.00am, Old Catton

Cost: free

(Please tick) I am interested in: 10 sessions Stadium Tour Walks

Registration Form

Terms & Conditions: All Extra Time forms must be received by FITC before the start of the course. We do not accept responsibility for loss or damage to property.

Please book me on to the following activity: 10 sessions Stadium Tour Walks

Your details

First name: Middle name:

Surname: Date of birth:

Gender: Male Female

Address:

Post code:

Home tel (inc STD): Mobile tel:

Emergency tel: E-mail:

To comply with the Data Protection Act, we must have your permission to use your e-mail address for marketing purposes.

Therefore, if you would like to receive information about our courses via e-mail, please tick this box

Name and telephone number of family doctor:

Do you suffer from any illness or medical conditions which should be brought to our attention? YES / NO

If YES, please give brief details:

Payment/authorisation details

I enclose a cheque/postal order payable to "FITC" or please charge my credit/debit card account for £

Cardholder's name

Visa / MasterCard / Switch number:/...../...../.....

Valid From Date:/...../..... Expiry Date:/...../..... Issue No. (if applicable):

Security Code (last three digits on card signature strip):

Declaration: Please accept me on the programme. I agree to the terms and conditions above and confirm that any medical condition which may affect participation on the course has been fully disclosed above. I also give permission for all partners in the programme to take and use photographs and videos of me for future publications and publicity, administer first aid if necessary, and to transfer me to hospital should an emergency arise.

Name: Signature:

Date:

Office use only: Paid: Data: Conf: