**Montpelier Primary School Football Club**

Dear Parent/Guardian

Plymouth Argyle Football in the Community Trust is delighted to be holding an After School Club at Montpelier Primary School (3.15pm-4.15pm) for Year ¾ Boys on Fridays, in March and April until Easter**.**

The course will run for 6 weeks commencing on Friday 1st March and will finish on Friday 5th April**.** The cost would usually be £21, however, the school are requesting a contribution of £5 for the entire 6 week block of sessions. **Forms must be completed and handed to Mr Robinson in 4P. No money is required yet, as this letter is just an expression of interest.**

All of children who attend the course should have a parent/guardian sign them out after each session. Coaches will not let children leave the premises unless a signature has been obtained, so please expect a telephone call if you have not signed for your child.

Children will need to bring with them trainers, shin pads, and a drink. Our coaches are CRB checked, hold a UEFA coaching qualification and have Emergency First Aid Training. If you have any questions or queries, please do not hesitate to contact me at the ground on **01752 562561** Ex **4** or E-mail: stewart.walbridge@pafc.co.uk.

I look forward to seeing your child on the course.

Kind Regards

Stew Walbridge

Plymouth Argyle Community Trust

Football Development Officer

# CONSENT FORM FOR PLYMOUTH ARGYLE FOOTBALL IN THE COMMUNITY TRUST AFTER SCHOOL CLUBS PROGRAMME

Please complete this form, which relates to the forthcoming programme for which you have received details. The form gives your consent for your child to take part in this programme & all medical fields for our staff.

**Dates: Friday 1st March- Friday 5th April**

**School Attending: Montpelier**

**Amount: £5.00**

**NAME OF PLAYER: DATE OF BIRTH:**

**ADDRESS: POSTCODE:**

**HOME/EMERGENCY CONTACT NUMBER: Email:**

**MOBILE:**

**Nationality: Primary Language:**

**HOME/EMERGENCY CONTACT NUMBER:**

**MOBILE: EMAIL:**

**SIGNATURE OF PARENT/GUARDIAN………………………………………..DATE……………………**

## Please read and tick the appropriate boxes:

* **I agree to collect my child at 4.15 from Montpelier, once the club has finished.**
* **I agree for my child (under 16 years of age) to participate in the above course**
* **I agree that a Plymouth argyle coach may treat any injury which my child may sustain whilst on the course**
* **I agree to my child having his/her photo being taken or video recorded for our website/programme/local newspaper**
* **I agree to relevant information such as soccer schools being sent to by Plymouth Argyle Football in the Community Trust**
* **I AGREE TO ARGYLE COMMUNITY TRUST SHARING THE ABOVE INFORMATION WITH YOUR CHILD’S SCHOOL WHERE RELEVANT**

**Doctors Name and Address:**

**SPECIAL DETAILS**

Any relevant information concerning your child’s health requiring special attention but which does not prevent him or her taking part should be noted below. For example does your child:

* Have any allergies?
* Take medication and if so what is the dosage required?
* Have diabetes, asthma or epilepsy?

**Does your son/daughter have any disabilities that the Community Trust should be made aware of? If so please specify**

**Is your son/daughter taking any medication that the Community Trust should be made aware of? If so please specify**