

After School Football Coaching

Delivered By



Delivered by a specialist football coach, this is your chance to improve your football skills, play lots of games and develop your football knowledge.

Start: Every Wednesday 20th Sept to 18th October (5 Sessions)

What Time: After School 3.15pm to 4.15pm in the MUGA

Cost: £5pp (Total cost for all sessions) payable via Parentpay once a place has been confirmed by school. The club is free for children receiving pupil premium funding.

Who is it for: Year Groups 3 and 4

PLACES ARE LIMITED

Please complete the registration form and return it to school by 15th September 2023

If you have any questions or require further information please see school reception or alternatively call John Bell on 07494749226.



After School Club Registration Form – Football Coaching Club Sep - Oct 2023 Years 3 and 4

Personal Details

| | | | | | |
|----------------------------|-------------|------------------------------|------------------------|-------------------------|--|
| Child's First Name | | Child's Last Name | | | |
| Child's Address | | | | Post Code | |
| | | | | | |
| | | Child's Date of Birth | | Class and Year | |
| (Please circle one) | Male | Female | School Attended | Rawmarsh Ashwood | |

Emergency Contact Details

| | | | | | |
|---------------|--|------------------------------|--|-------------------------|--|
| Name 1 | | Relationship to child | | Telephone Number | |
| Name 2 | | Relationship to child | | Telephone Number | |

Medical Information / Behaviour / Disability

(This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies.

Consent

| General Consent (tick as appropriate) | Yes | No |
|---|--------------------------|--------------------------|
| I consent to my child having his/her picture taken for promotional/website purposes | <input type="checkbox"/> | <input type="checkbox"/> |
| I consent to members of the local press being invited to take pictures of my child | <input type="checkbox"/> | <input type="checkbox"/> |
| In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present | <input type="checkbox"/> | <input type="checkbox"/> |

Can you please confirm if your child will be collected after the activity or is allowed to walk home?

Please tick the applicable box and return to school before the club start date

(Student name) _____ will be collected *

(Student name) _____ is allowed to walk home (Y4 children only)

*Please write down the name of the person who will be picking your child up _____

Signed: _____ **Date:** _____

Name: _____ **Relationship** _____