

# 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 Tuesday 22<sup>nd</sup> April to 20<sup>th</sup> May (5 Sessions)

**What Time:** 3.15pm to 4.15pm

**Cost:** Free

**Who is it for:** Year Groups 5 and 6

## **PLACES ARE LIMITED**

Please complete the registration form and return it to school by Thursday 17<sup>th</sup> April 2025.  
You will receive a notification via MCAS if you have been allocated a place or not.

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



## Personal Details

<b>Child's First Name</b>		<b>Child's Last Name</b>	
<b>Address and Postcode</b>			<b>Name of Club</b> <b>Football Coaching</b> <b>Apr - May 25</b> <b>Years 5 and 6</b>
<b>Date of Birth</b>			<b>Class and Year</b> 
<b>(Please circle one)</b>	<b>Male</b>	<b>Female</b>	<b>School Attended</b> <div style="text-align: center;">Rawmarsh Ashwood</div>

## Emergency Contact Details

<b>Name 1</b>		<b>Relationship to child</b>		<b>Telephone Number</b>	
<b>Name 2</b>		<b>Relationship to child</b>		<b>Telephone Number</b>	

## 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		
I consent to members of the local press being invited to take pictures of my child		
In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present		

Can you please confirm how your child will leave school after the activity?

Student name \_\_\_\_\_

Will be COLLECTED by ..... (name of the person who will be picking them up)

**OR**

Can WALK HOME without an adult (Year 4 to Year 6 children only)

(Please tick the applicable box)

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_