**Mary Dean Primary School KS2 Hockey Club**

Dear Parent/Guardian

Plymouth Argyle Community Trust is delighted to be holding an After School Hockey Club at Mary Dean Primary School (3.20pm-4.20pm) for children **Year 3, 4, 5 & 6.**

The course will run for 9 weeks commencing on Thursday 20th January and will finish on Thursday 24th March**.** The cost will be £36.00 and **numbers are limited,** you are advised to book early to secure a place. **Forms must be completed and handed to reception along with payment, as we will not take any bookings over the phone.**

If you would like your child to take part then please complete the attached application form and return to the school office with payment, in the form of cash/cheque (made payable to: Plymouth Argyle Football in the Community Trust) by 24th January. **It is absolutely imperative that payment and a completed application from is received prior to commencement of course or your child will not be included on the register for the session and will be unable to take part.**

All of children who attend the course must 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. Sessions will provide safety measures in line with the National Guidelines from the Government and the FA during the Covid 19 period.

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](mailto:stewart.walbridge@pafc.co.uk).

I look forward to seeing your child on the course.

Kind Regards

Stew Walbridge

Plymouth Argyle Community Trust

Schools and Participation Manager

**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?

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

**ADDRESS: POSTCODE:**

**HOME/EMERGENCY CONTACT NUMBER: EMAIL:**

**MOBILE:**

**Nationality: Primary Language:**

**HOME/EMERGENCY CONTACT NUMBER:**

**MOBILE: EMAIL:**

**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**

**Doctors Name and Address:**

## Please read and tick the appropriate boxes:

I Give Permission for my Child to be: Collected Walk home on their own

* **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 PLYMOUTH ARGYLE COMMUNITY TRUST SHARING THE ABOVE INFORMATION TO YOUR CHILD’S SCHOOL WHERE RELEVANT**

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

I enclose cheque/cash for £ [Please make cheques payable to Plymouth Argyle Football in the Community Trust]

**School Attending:**

**Amount:**

**Dates:**