Argyle Community Trust
Home Park, Plymouth, PL2 3DQ

Mary Dean Primary School

Dear Parent/Guardian

Plymouth Argyle Football in the Community Trust is delighted to be holding an After School Club at Mary Dean Primary School (3.15pm-4.15pm) for children from years **Year 3 & 4.**

The course will run for 10 weeks commencing on Monday 21st September and will finish on Monday 30th November**.** The cost will be £35 and **numbers are limited to only 16 spaces** 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 21st September. **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.

I look forward to seeing your child on the course.

Kind Regards

Stew Walbridge
Plymouth Argyle Community Trust
Schools and Participation Manager

Argyle Community Trust
Home Park, Plymouth, PL2 3DQ

School Attending:	Dates:	Amount:

NAME OF PLAYER: **DATE OF BIRTH:**
ADDRESS: **POSTCODE:**
HOME/EMERGENCY CONTACT NUMBER: **Email:**
MOBILE:
Nationality: **Primary Language:**

HOME /EMERGENCY CONTACT NUMBER:

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

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]**