



Argyle Community Trust
Home Park, Plymouth, PL2 3DQ

Argyle Community Trust After School Football Club **Wadebridge Primary School**

Argyle Community Trust is delighted to announce that we will be holding an After School Football Club at **Wadebridge Primary School** on **Tuesday** afternoons. The session will run between **3:00pm to 4:00pm** for children from **Reception to Year 6**.

These sessions will run for **6 weeks** commencing on **Tuesday 5th November** and will finish on **Tuesday 10th December**. The cost of the block will be **£21 (£3.50 per session)**. As numbers are limited you are advised to return the form early to secure a place.

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 **Tuesday 5th November**.

Please note that 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 pick them up after each session unless permission is given for your child to walk home. Our coaches will not let children leave the premises unless they are occupied or have permission to walk so expect a call if permission has not been given to our coaches.

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 my email below.

We look forward to seeing your child on the course.

Kind regards,

Bobby Hopkinson
Sports and Participation Manager
For North Devon and Cornwall
Argyle Community Trust
E: bobby.hopkinson@pafc.co.uk

Tallan Burns
Assistant Sports and Participation Manager
For North Devon and Cornwall
Argyle Community Trust
E: tallan.burns@pafc.co.uk



PAFC.CO.UK • ARGYLE@PAFC.CO.UK • MAIN OFFICE 01752 562561
TICKET OFFICE 01752 907700 • SUPERSTORE 01752 558292

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CONSENT FORM

Please complete and return the form below, 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.

School Attending:	Dates:	Amount:
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NAME OF PLAYER:	DATE OF BIRTH:
ADDRESS:	POSTCODE:
HOME/EMERGENCY CONTACT NUMBER:	EMAIL:
MOBILE:	

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:

PLEASE READ AND TICK THE APPROPRIATE BOXES:

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

SIGNATURE OF PARENT/GUARDIAN.....DATE.....

I enclose cheque/cash for £

