Dear Parent/Guardian,

Plymouth Argyle Community Trust is delighted to be holding an After School Football Club at **Devoran** on **Wednesdays** from **3.15pm - 4.15pm**. **(SEE PICKUP TIME)**

The course will run for **11 weeks** starting on **Wednesday 26th April** and will finish on **Wednesday 12th July (excluding half term week)**. The cost will be just **£3 per session / £33 total** so don’t miss out on a great opportunity to attend a football session run by a Professional Football Club.

If you would like your child to take part then please complete the attached application form and return to the school office.

**It is absolutely imperative that a completed consent form along with full payment for all the sessions is received prior to commencement of the club or your child will not be included on the register for the session and will be unable to take part in the football club.**

All of the 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 boots / trainers, shin pads, and a drink and suitable clothing.

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 on [jamie.day@pafc.co.uk](mailto:jamie.day@pafc.co.uk).

***You can also follow us on Twitter for updates on community courses, schemes and sessions we are running. Find us by typing in @PAFCCommunityTrust***

We look forward to seeing your child on the course.

Kind regards,

Jamie Day

Plymouth Argyle Football Club

Mid/West Cornwall Football Development Officer

# CONSENT FORM FOR PLYMOUTH ARGYLE FOOTBALL IN THE COMMUNITY TRUST AFTER SCHOOL CLUBS PROGRAMME

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.

DATE: 26th April – 12th July (not 31st May)

**School Attending: Devoran**

**Amount: £33**

**NAME OF PLAYER: DATE OF BIRTH:  
ADDRESS: POSTCODE:**

**HOME/EMERGENCY CONTACT NUMBER:**

**MOBILE: EMAIL:**

**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?

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**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 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 £33 [Please make cheques payable to Plymouth Argyle Football in the Community Trust]