



**Hyde Park Infants School**

Dear Parent/Guardian

Plymouth Argyle Football in the Community Trust is delighted to be holding an After School Club at Hyde Park Infant School (3.30pm-4.30pm) for children from years **Foundation, 1 and 2**.

The course will run for 6 weeks commencing on Monday 12<sup>th</sup> September and will finish on 17<sup>th</sup> October. The cost will be £18 and as numbers are limited you are advised to book 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 12<sup>th</sup> September latest. **It is absolutely imperative that payment and a completed application form 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.

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  
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.

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

**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 epilepsv?

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