



Argyle Community Trust
Home Park, Plymouth, PL2 3DQ

Stoke Damerel Primary School Basketball Club

Dear Parent/Guardian

Plymouth Argyle Trust is delighted to be holding an After School Basketball Club at Stoke Damerel Primary School (3.30pm-4.30pm) for children from **years 1 to 6**.

The course will run for 11 weeks commencing on Thursday 16th January 2025 and will finish on Thursday 3rd April 2025. The cost will be £45.00 and **numbers are limited to only 20 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 by Tuesday 14th January 2025. **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 without a parent/guardian unless written permission is given, so please expect a telephone call if you have not signed for your child. Children will need to bring with them trainers 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
Plymouth & South Hams Regional Manager



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School Attending:	Dates:	Amount:
NAME OF PLAYER: ADDRESS: HOME/EMERGENCY CONTACT NUMBER: MOBILE: Nationality:		DATE OF BIRTH: POSTCODE: EMAIL: Primary Language:
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: <ul style="list-style-type: none"> • 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 <input type="checkbox"/> I AGREE FOR MY CHILD (UNDER 16 YEARS OF AGE) TO PARTICIPATE IN THE ABOVE COURSE <input type="checkbox"/> I AGREE THAT A PLYMOUTH ARGYLE COACH MAY TREAT ANY INJURY WHICH MY CHILD MAY SUSTAIN WHILST ON THE COURSE <input type="checkbox"/> I AGREE TO MY CHILD HAVING HIS/HER PHOTO BEING TAKEN OR VIDEO RECORDED FOR OUR WEBSITE/PROGRAMME/LOCAL NEWSPAPER <input type="checkbox"/> I AGREE TO RELEVANT INFORMATION SUCH AS SOCCER SCHOOLS BEING SENT TO BY PLYMOUTH ARGYLE FOOTBALL IN THE COMMUNITY TRUST <input type="checkbox"/> 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]		

