



Argyle Community Trust  
Home Park, Plymouth, PL2 3DQ

## **Stoke Damerel Primary School - Football**

Dear Parent/Guardian

Plymouth Argyle Football in the Community Trust is delighted to be holding an After School Club at Stoke Damerel Primary School (3.30pm-4.30pm) for children from years **1,2, 3,4,5 & 6**.

The course will run for 13 weeks commencing on Tuesday 18<sup>th</sup> April and will finish on Tuesday 18<sup>th</sup> July (**Excluding 30<sup>th</sup> May due to half term**) The cost will be £52 and **numbers are limited to only 32 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 18<sup>th</sup> April. **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. 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](mailto: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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|---|---------------|--|
| <b>School Attending:</b>  | <b>Dates:</b> | <b>Amount:</b>   |
| <b>NAME OF PLAYER:</b><br><b>ADDRESS:</b><br><b>HOME/EMERGENCY CONTACT NUMBER:</b><br><b>MOBILE:</b><br><b>Nationality:</b>   |               | <b>DATE OF BIRTH:</b><br><b>POSTCODE:</b><br><b>Email:</b><br><br><b>Primary Language:</b> |
| <b>HOME /EMERGENCY CONTACT NUMBER.</b>  |               |  |
| <b>SPECIAL DETAILS</b><br>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"> <li>• Have any allergies?</li> <li>• Take medication and if so what is the dosage required?</li> <li>• Have diabetes, asthma or epilepsy?</li> </ul>   |               |  |
| <b>Does your son/daughter have any disabilities that the Community Trust should be made aware of? If so please specify</b>  |               |  |
| <b>Is your son/daughter taking any medication that the Community Trust should be made aware of? If so please specify</b>  |               |  |
| <b>Doctors Name and Address:</b>  |               |  |
| <b>PLEASE READ AND TICK THE APPROPRIATE BOXES:</b><br><br>I Give Permission for my Child to be: Collected                      Walk home on their own<br><br><input type="checkbox"/> I AGREE FOR MY CHILD (UNDER 16 YEARS OF AGE) TO PARTICIPATE IN THE ABOVE COURSE<br><br><input type="checkbox"/> I AGREE THAT A PLYMOUTH ARGYLE COACH MAY TREAT ANY INJURY WHICH MY CHILD MAY SUSTAIN WHILST ON THE COURSE<br><br><input type="checkbox"/> I AGREE TO MY CHILD HAVING HIS/HER PHOTO BEING TAKEN OR VIDEO RECORDED FOR OUR WEBSITE/PROGRAMME/LOCAL NEWSPAPER<br><br><input type="checkbox"/> I AGREE TO RELEVANT INFORMATION SUCH AS SOCCER SCHOOLS BEING SENT TO BY PLYMOUTH ARGYLE FOOTBALL IN THE COMMUNITY TRUST<br><br><input type="checkbox"/> I AGREE TO PLYMOUTH ARGYLE COMMUNITY TRUST SHARING THE ABOVE INFORMATION TO YOUR CHILD'S SCHOOL WHERE RELEVANT |               |  |
| <b>SIGNATURE OF PARENT/GUARDIAN.....DATE.....</b>   |               |  |
| I enclose cheque/cash for £                      [Please make cheques payable to Plymouth Argyle Football in the Community Trust]   |               |  |

