Dear Parent/Guardian,

**We would like to invite your son/daughter to have a 1 Week free trial at our Carn Brea Mini Soccer Centre.**

The Centre runs every Saturday from 9:00am – 10:30am at a cost of £4.50 per session, the sessions consist of learning basic skills needed for football (Dribbling, protecting the ball, passing, shooting etc) along with a range of fun enjoyable warm up and skill games not to mention matches and tournaments too.

The Centre’s purpose is to get people who are new to football involved in a safe and fun environment, so they can hopefully develop as players and go on to play at a higher standard or within a grassroots football team.

If the centre is something you’d be interested in, then all that is needed is correct clothing and footwear (Trainers not Studs) and a drink to be bought to each session.

We hope this is something you would be interested in and look forward to seeing you in the future.

Please let me know if there is any more information you require.

Kind regards,

**Harry Badcock**

**West Cornwall Sports and Participation Manager**

**Plymouth Argyle Football Club**

E: harry.badcock@pafc.co.uk

T: 01752 562561 ext 4

www.argylecommunitytrust.co.uk  
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[facebook.com/argylecommunitytrust](https://www.facebook.com/argylecommunitytrust/)

# 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.**

**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** |  |

**SIGNATURE OF PARENT/GUARDIAN DATE**

## 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**

**Doctors Name and Address:**

**Is your son/daughter taking any medication that the Community Trust should be made aware of? If so please specify**