



Argyle Community Trust
Home Park, Plymouth, PL2 3DQ

Argyle Community Trust

Turn up and Play

At Plympton Academy!

Wednesday Evenings 5pm-6pm

First session is FREE!

Format of the Session

This session is for children to come and play football in a safe and fun environment absolutely stress free and just play matches. This session is open to primary school children and we welcome all children, including anyone already associated to a team.

Block Dates

- Term 1** – 11th September to 16th October (6 weeks)
- Term 2** - 30th October to 11th December (7 weeks)
- Term 3** – 8th January to 12th February (7 weeks)
- Term 4** – 26th February to 25th March (5 weeks)
- Term 5** - 15th April to May 20th (6 weeks)
- Term 6** – 3rd June to 15th July (7 weeks)

Payment

Sessions cost £3 per child. This payment can be made at the start of the session or a payment for the whole block can be made if preferred.

If you are looking to attend, please fill out the consent form (on the back) and bring this with you. We look forward to working with your child this season.

Kind Regards
Community Team
Office Number: 01752 562561 ext 4
E-mail: george.roberts@pafc.co.uk / dan.dixon@pafc.co.uk



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CONSENT FORM FOR PLYMOUTH ARGYLE FOOTBALL IN THE COMMUNITY TRUST LTPD

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.

| | | | | |
|---|--|---------------------|---|--|
| Centre Attending: | School year: | Age Bracket: | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> NAME OF PLAYER: ADDRESS: HOME/EMERGENCY CONTACT NUMBER: MOBILE: NATIONALITY: </td> <td style="width:50%; border: none; vertical-align: top;"> DATE OF BIRTH: POSTCODE: EMAIL: PRIMARY LANGUAGE: </td> </tr> </table> | | | NAME OF PLAYER: ADDRESS: HOME/EMERGENCY CONTACT NUMBER: MOBILE: NATIONALITY: | DATE OF BIRTH: POSTCODE: EMAIL: PRIMARY LANGUAGE: |
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| HOME/EMERGENCY CONTACT NUMBER: | | | | |
| 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 <input type="checkbox"/> Walk home on their own <input type="checkbox"/> <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 ARGYLE COMMUNITY TRUST SHARING THE ABOVE INFORMATION WITH YOUR CHILD'S SCHOOL WHERE RELEVANT | | | | |
| SIGNATURE OF PARENT/GUARDIAN.....DATE..... | | | | |

