

Dear Parent/Guardian,

A football club for **Year 5, Year 5/6 and Year 6 pupils** will run every **Monday** of the Autumn term (until Christmas or when the weather becomes too poor).

The club will be run by Mr Scott and Mr Ingram. The club will take place every **Monday from 3:15pm – 4:15pm**. The children will then take about 5 minutes to get changed. They should be ready to **collect at 4:20pm**.

If you would like your child to attend, please complete and return the below form to Mr Scott. The club is on a first-come first-served basis and is open to boys and girls.

Child's Name: _____

Child's Class: _____

Medical Conditions (*e.g. asthma*): _____

Please **tick one** of the following:

I **DO** give permission for my child to walk/cycle home after the club.

I **DO NOT** give permission for my child to walk/cycle home after the club.

***Please note** - if you tick that you **DO NOT** give permission for them to walk/cycle at home, we cannot let them leave until someone arrives to pick them up.

Parent/Guardian signature: _____