**CSS**

**The Coppice Primary School**

**Tuesday’s after School activities for the 2nd half of Spring Term is Coppice Kickers; this is open to Y1 and Reception pupils.**

Dear Parents/Guardian,

Welcome and thank you for showing an interest to our after-School activities. Sessions start at 1520 and finish at 1620.

**This activity is very popular and therefore there are limited spaces, bookings accepted on a first come basis!**

**Y1 & Reception pupils, Coppice Kickers starts Tuesday 3rd March**

**Cost for 5 sessions is £20.00**

3 Payment options, Cash, Cheques are to be written out to DAVID JAMES MORRIS.

Bank Transfer; account 00150834, sort code 110438

The sessions are run by qualified coaches who are insured and have an Enhanced CRB. They also hold First Aid and Safeguarding children certification and follow our own code of conduct, which ensures safety and enjoyment to all, no matter what ability.

**All children are to be collected from the School’s main entrance at 16:20**

For personal safety your child needs to bring: -

* **Appropriate footwear and warm clothing (gloves & hat) are required for outdoors.**
* **SHIN PADS must be worn!**
* **Drink in a bottle, which can be refilled.**
* **If your child suffers from asthma, please make sure they bring their inhaler to the club.**

Yours in Sport

David Morris

**css.schoolsports@gmail.com**

**Important! Please return Coppice Kickers booking form to the Reception Office**

Pupil…………………………………………..…………………………... Year Group/Class……………...

Address………………………………………………………………………………………………Post code….…….…………….

Any known medical conditions? …………………………………………………………………………...……………………….………..

Email address; ………………………………………………………………………………………………………………………………….

**In the event of an emergency please supply 2 contacts, plus name any other persons allowed to collect your child.**

1…………………………………………..…Tel……………….……..………3….……………………..……….Tel…………………………

2……………………………………………..Tel……………………………...4……..…………………………..Tel…………………..…….

* I would like my child to attend the coaching and that CSS staff will meet our child in their classroom.
* I will make arrangements for my child’s collection by a responsible person who is named in the list above.

Parent / Guardian Signature……………………………………………………………… Date………………………………