



## After School Clubs

**We are pleased to invite your child to attend a Norwich City CSF After School Club.**

Norwich City CSF and your school have teamed up to deliver an After School Club. The high quality coaching programme will be engaging and fun and will be delivered by our specially selected UKCC qualified coaching staff in the safe environment of your school.

**Sport:** Athletics  
**Venue:** Hevingham Primary School  
**Day/Time:** Tuesdays – 3.15pm – 4.15pm  
**Dates:** September 20<sup>th</sup>, 27<sup>th</sup>, October 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup>  
**Cost:** 5 weeks @ £15.00

Cheques payable to: Hevingham Primary School

[communitysportsfoundation.org.uk](http://communitysportsfoundation.org.uk) 01603 761122 [communitysportsfoundation](https://www.facebook.com/communitysportsfoundation) @NorwichCityCSF

### Application form

#### Terms & Conditions

All application forms must be received three days before the start of the course. Places are limited. All cancellations carry a £5 administration fee. No refunds will be given. Credit notes will be issued on receipt of a written request. We do not accept responsibility for loss or damage to property. Children attending the courses should not be left unsupervised at the venue until 15 minutes before and after the course day starts and ends. Full terms and conditions can be found on our website at [www.communitysportsfoundation.org.uk](http://www.communitysportsfoundation.org.uk).

Please complete in **BLOCK CAPITALS**

#### Child's details

First name: ..... Middle name: ..... Surname: .....

Date of birth: ..... Gender: Male  Female

Which school does the child attend? .....

Does the child suffer from any illness or learning or physical disabilities which should be brought to our attention? YES / NO

If YES, please give brief details: .....

..... (if necessary please continue on a separate sheet and attach)

Special dietary requirements (if any): .....

#### Parent's/guardian's details

Title: ..... First name: ..... Surname: .....

Address: .....

Post code: .....

Home tel (inc STD): ..... Work tel: ..... Mobile tel: .....

E-mail address\* .....

\*Please see the Data Protection information in the declaration below, and tick the appropriate box.

#### Authorisation details

Authorised to collect my child (other than myself): .....

Relationship to child: .....

Declaration by parent or guardian: I wish for my son/daughter to be accepted on the above course, and I agree to the terms and conditions above and confirm that any medical condition which may affect my child's participation on the course has been fully disclosed above.

Health and safety/child protection: I also give permission for CSF / Premier League to take and use photographs of my child for future CSF / Premier League publications and publicity, administer first aid if necessary, and to transfer my child to hospital should an emergency arise.

Data protection: CSF would like to keep you updated by the methods you have selected above about courses, programmes and events we are running, and details of any other offers from carefully selected third parties that may be of interest to you. We may keep your information for a reasonable period to contact you about our services. If you do not wish to receive such information from us please tick here:  If you wish to receive information by email, please tick here:

Signature: ..... Name: ..... Date: .....

**Office use only:**

Data:

Conf: