



Leconfield Goal Sports Club

Wednesday After School 3:30pm – 4:30pm

Cost - £4 per session or £24 for the half term

Starts back; Wednesday 26th February

Years R – Year 6 welcome

www.Goal-Sports.net

Goal Sports after school football club will be back up and running now that we have lighter nights and improving weather....ok maybe just lighter nights!

Please note there are a number of important points of information for your child's attendance at our club which are as follows: -

- Please could any monies be placed in a named envelope and given to the coach on the first session of attendance OR to the school office. This is to help us know who will be attending weekly.
- Parents will pick up their child from the fire doors at the school hall at 4.30pm
- Children to be prepared with outdoor and indoor kit in the event of bad weather (strictly no boots indoor)

Our club will run for 1 hour with children practicing a variety of football skills ranging from Goalkeeping to Shooting! We will be playing skill based games such as King of the Ring, Lightning, Hot seat Penalty shoot-out and much more!

Every session is finished with our very own small sided World Cup Tournament.

All children are welcome to attend the club. No experience is needed as its all about having fun and enjoying football. Children are also welcome to attend if they have not done so before.

The club will commence whatever the weather due to indoor facilities so if the weather is poor - Bring **CLEAN** Trainers!!!

All Coaches are F.A Qualified; D.B.S Police Cleared and carry full Public liability insurance.

Please reserve your place by emailing Mark your details to Goalsports@hotmail.co.uk or calling 07878602168.

Please complete the slip below and return to the coach at the first session with your payment.

Name	Telephone Number
Address	Mobile Number
	Date of Birth
Post Code	School Year Group

I give consent for my son/daughter to attend the Goal Sports club

I enclose a cheque/ Postal Order made payable to **Goal Sports** for £.....

I will pay weekly at £4 per session () I enclose £..... Cash () Please tick

Signed..... Parent/Guardian

ANY RELEVANT MEDICAL INFORMATION TO BE GIVEN IN WRITING WITH THIS FORM

I do/do not give consent for my child to be given any medical treatment