



iPro Football COACHING



Monday After School Football Club @ St Mary's Primary School

iPro Football will be holding an after school football club at your school during the Autumn Term.

Contact: Office 07908 172175 E: office@iprofootballcoaching.co.uk

Guided by our team of our fully qualified professional coaches, the course will work on developing players skills as well as having small sided matches, competitions and fun for all!

Day & Time	Monday 3.30pm to 4.30pm
Course Duration (10 sessions excl ½ term)	Monday 17th September – Monday 3rd December 2018 <u>NB: No Session during Half Term or 5th Nov</u>
Cost – Cash or Cheque, labelled & sealed in an envelope	£60.00- 10x Sessions @ £6.00 per session Please write your child's name and school on the back of your cheque and make payable to iPro Football Coaching
Age Groups	Open to boys & girls in Years 1–6 only Children will be grouped by age & ability levels
Places available	32 (Places are strictly limited)
Kit Required	Boots/Trainers/Shinpads/Drink & Weather Appropriate clothing.

Places are limited and will be allocated on a first come first serve basis. To secure your place please complete the attached form and return to the school office ASAP together with payment. The course is non refundable however a credit note may be issued for use on a course at a later date. A £5 administration fee will be applied to returned cheques. **If you require any further information, please contact the office using above details.**

APC – ADVANCED PERFORMANCE CENTRE

In partnership with Premier League, Watford FC Academy!

Advanced sessions running weekly for talented grassroots club players in addition to all local club football.

Fridays 5.30-7.00pm @ Furze Platt Senior 3G.

For further info or to book your FREE trial please contact:

office@iprofootballcoaching.co.uk

BIRTHDAY PARTIES

Are you football mad?

Would you like to enjoy a football birthday party with your favourite iPro coach?

If so please contact office manager, Jodie Noble,

office@iprofootballcoaching.co.uk

****Please Complete in Block Capitals****

STM Aut18

Child's name _____ DOB _____

Home Address _____ Postcode _____

Payment method (please tick) Cash [] Cheque []

Email address _____

(Please provide us with a clear email address so we can keep you up to date with everything iPro)

Emergency contact name _____ Mobile No. _____

Medical conditions _____

(Children attending who require Epi pens must have written letter of consent to allow our staff to administer treatment. In the unlikely event that your child should need first aid and /or be transferred to hospital, by signing this form you give permission for our staff to do so. You also confirm that all relevant medical conditions have been disclosed).

Signed _____ (Parent/Guardian)