



## Soccer



**Dear Parent/Guardian**

We are delighted to announce that Burns Skills School are running one of their fantastic afterschool programmes within the school grounds this year again. This term the pupils voted for Soccer. The programme will run for 8 weeks and will entail age appropriate educational sessions that will have a main focus of fun whilst improving each child's technical ability.

Dates of programme:

Friday 14<sup>th</sup> Jan  
Friday 21<sup>st</sup> Jan  
Friday 28<sup>th</sup> Jan  
Friday 4<sup>th</sup> Feb  
Friday 11<sup>th</sup> Feb  
Friday 25<sup>th</sup> Feb  
Friday 4<sup>th</sup> Mar  
Friday 11<sup>th</sup> Mar

£4 per session, 3 siblings for the price of 2

**Primary 1, 2 & 3** (1.45pm-2.45pm each week) and **Primary 4, 5, 6 & 7** (2.45pm-3.45pm each week). Younger children in the program can be supervised in school free of charge until the later session has finished so they can go home at the same time as their older sibling. To secure a place for your child you must complete a parental consent form **CORRECTLY** and return it back into school with payment of **£32.00** for the attention of the secretary.

Only 20 places **MAXIMUM** available for each session.

Benefits of programme:

- Improves technical ability
- Enhances physical, mental and social attributes (confidence building)
- Professional coaching
- Controlled and structured physical activity
- Teaches respect for one and all
- Make new friends

Deadline for forms & payment is **Thursday 13th of January**. This is a great opportunity for your child and certainly one not to be missed. When in attendance we would advise that all children wear appropriate clothing with a pair of trainers suitable for indoor and outdoor.

**Payment options: Cash**

**Thanks**

**Aaron & Andrew**

**Burns Skills School**



## Burns Skills School

### Parent/Guardian Consent Form

Name of Child .....

Age ..... D.O.B ..... Child's School .....

Parent/Guardian Name .....

Address.....

.....

Tel (day): ..... Tel (evening): .....

Mobile: ..... E-mail: .....

(Please make sure you are available at any of these numbers during the hours of coaching)

Alternative Contact Name: .....

Alternative Contact Number: .....

#### Medical Details

Doctors Name..... Tel: .....

Address .....

Is your child currently on any medication? Yes ☐ No ☐

Medication or Conditions .....

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Has your child or anyone in your household tested positive for COVID-19 or any other variant in the last 10 days? Yes ☐ No ☐

(If your child suffers from any conditions or takes any medication can you please state above, If child requires inhaler all inhalers must be brought to coaching sessions)

I give permission for my child to take part in Burns Skills School coaching and to be included in promotional photographs for example local newspapers, Twitter and Facebook etc.

Signed Parent/Guardian: ..... Date: .....

Twitter - @Burns\_skills

Facebook – Burns Skills School

Email – coaching@burnsskillsschool.com