

Hunts School Sports Partnership NFL Flag Football Club – Year 5&6 Starting Wednesday 17 April 2024 At Crosshall Junior School Hunts School Sports Partnership Hinchingbrooke School Brampton Road Huntingdon Cambs PE29 3BN

Phone: 01480 375700 Extn 5707 Email: Huntsssp@hinchbk.cambs.sch.uk

Dear Parent / Carer

Your son /daughter is invited to attend a **FUN** after school NFL Flag Football Club starting on Wednesday 17 April 2024.

This 6-week course will help the children to develop and extend their core skills such as coordination, agility and balance, and the children will be able to progress individually and at their own pace. Mr Troy Beavis, HSSP fully qualified Sports Coach will be delivering the sessions.

Our clubs are fully inclusive and accessible to all children at Crosshall Junior School.

Please complete the attached application form and return by email to <u>rfinlayson@hbk.acesmat.uk</u> marked for the attention of 'NFL Flag Football' Club'. Please DO NOT pay until your place has been confirmed.

It is anticipated that demand for this club will be high so please return the application as soon as possible.

| Venue: | Crosshall Junior School                                 |                        |
|--------|---|------------------------|
| Dates: | Wednesday 17, 24 April, 1, 8, 15, 22 May 2024 (6 weeks) |                        |
| Time:  | 3.20pm to 4:20pm  |                        |
| Fee:   | £4.00 per session – total of £24.00                     | Maximum of 16 Children |

Forms to be returned to – <u>rfinlayson@hbk.acesmat.uk</u> only, NOT to the school office. Once you have received confirmation of a place, please make payment as follows:

BACS payment – Name: ACES Academies Trust, Sort code: 30 94 47, Account: 32872260 please ensure you reference your payment as HSCJSNFLSUM1 <*childs initial and surname*>

Pupils should wear trainers or astros and appropriate clothing (PE kit). Please bring a bottle of water to the sessions. I hope that your child will take the opportunity to join this FUN activity.

Helen Hill, Administrator, Hunts School Sports Partnership



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| Name:  |           |      |  |  |
|--|-----------|------|--|--|
| School:  | Year Gr   | oup: |  |  |
| Emergency contact telephone number:  |           |      |  |  |
| Email address:   |           |      |  |  |
| Please state if your child has any medical conditions/additional needs that we should be aware of: |           |      |  |  |
|  |           |      |  |  |
| I would like my son/daughter to attend   |           |      |  |  |
| My child will be collected   |           |      |  |  |
| from this club:  | By:(Name) |      |  |  |
| Signed:  |           |      |  |  |

I give / do not give my consent for my child to be photographed during the activities (these may be used on a website, social media, on newsletters, notice boards etc). Please circle.