



Yaxham Church of England (VA) Primary School  
Clint Green, Yaxham, Dereham, Norfolk, NR19 1RU

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[www.yaxhamprimaryschool.co.uk](http://www.yaxhamprimaryschool.co.uk)

Headteacher: Mrs Jennie Müller  
Chair of Governors: Mrs Michelle Parnell

13<sup>th</sup> December 2019

Dear Parents and Carers,

We will be again asking Norwich Community Sports Foundation to host our KS1 Sports Club. This term they will be doing Quidditch on a Tuesday after school, 3.15-4.15pm. The club will run from Tuesday 7<sup>th</sup> January 2020 to Tuesday 31<sup>st</sup> March. There will be spaces for 14 children. As our aim is to give all children the opportunity to take part in sporting activities, priority will be given to those who haven't taken part in after school clubs previously.

All children are reminded that attending an after school club is a privilege. They will be expected to follow rules set out by the staff leading the club. If the child does not respond to reminders, you will be issued with a warning notice. If their behaviour doesn't improve during the following session they will lose their place in the club.

If you would like your child to take part in this club, please complete the attached form and return the form to the office as soon as possible.

Yours sincerely

Mrs Jennie Müller

Headteacher



# COMMUNITY SPORTS FOUNDATION

## 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.



**CLUB:** KS1 Quidditch

**VENUE:** Yaxham Primary School

**DAY/TIME:** Tuesday 3.15pm - 4.15pm

**DATES:** 7th January 2020 - 31st March 2020

**COST:** —

communitysportsfoundation.org.uk ☎ 01603 761122 f communitysportsfoundation @NorwichCityCSF

### APPLICATION FORM

**CLUB:** .....

### PLEASE COMPLETE IN BLOCK CAPITALS

School: ..... Start date: .....

### 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): .....

### AUTHORISATION DETAILS

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

Address: .....

Home tel (inc STD): ..... Work tel: ..... Post code: .....

E-mail address\*: ..... Mobile tel: .....

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

Address: .....

Home tel (inc STD): ..... Work tel: ..... Post code: .....

E-mail address\*: ..... Mobile tel: .....

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

**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: .....