

Friday After School Football Club @ Lowbrook Academy

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

Contact: Office 07908 172175 Email: 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	Friday 3.30pm to 4.30pm Friday 3 rd April 3.30pm – 5.30pm	
Course Duration (12 sessions excl ½ term)	Friday 17 th January – Friday 3 rd April 2020 <u>NB: No Session during Half Term</u>	
Cost – Cash or Cheque, labelled & sealed in an envelope	£72.00 – 12 x 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 & 2 Children will be grouped by age/ability	
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.**

IPRO ADVANCED ACADEMY!

In partnership with Premier League, Watford FC Academy!

Advanced session running weekly for talented grassroot club players in addition to all local club football.

Maidenhead Academy Friday: Times 5.30-7.00pm For further info & 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, Julie Adams,
office@iprofootballcoaching.co.uk

Please Complete in Block Capitals		
Child's Name	DOB	
Home Address		Postcode
Payment method (please tick) Cash [] Chequ	ue[]	
Email address		
(Please provide us with a clear email address so we described to the control of t	can keep you up to date with everything iPro)	
Emergency contact name	Mobile No	
Medical conditions		
, , , , ,	etter of consent to allow our staff to administer treatment. In the unliken nyour give permission for our staff to do so. You also confirm that all r	
disclosed). I understand and accept that whilst reasonable ca	are will be taken, neither 'iPro Football coaching', not any personnel au any loss or injury suffered by, or to the applicant, howsoever caused.	uthorised by it, not the school of facility
Signed		