

**School Close**                      Tel: (01953) 887286                      E-mail: [office@kenninghall.norfolk.sch.uk](mailto:office@kenninghall.norfolk.sch.uk)  
**Kenninghall**                        Fax: (01953) 887048                      Website: [www.kenninghallprimaryschool.com](http://www.kenninghallprimaryschool.com)  
**Norwich**  
**Norfolk**  
**NR16 2EJ**

**Thursday Athletics Club – Years 3 - 6**

**Venue:** Kenninghall Primary School  
**Day:** Thursday – Start date Thursday 12<sup>th</sup> September – 17<sup>th</sup> October 2019  
**Time:** 3.15 – 4.15  
**Ages:** Years 3 -6  
**Cost:** £2.00 per session (6 sessions)  
*(to be paid half termly – cheques should be made payable to Kenninghall Primary School)*

*If you wish for your son/ daughter to join the club then please complete the following form and hand in to the office. Spaces are limited and will be allocated on a first come first served basis. Please contact Sam Brotherhood at [samsportscoach@gmail.com](mailto:samsportscoach@gmail.com) or 07825 612692 for further information.*  
 Many thanks  
 Sam Brotherhood

**Thursday Athletics Club – Years 3 - 6**

I give permission for my child ..... to attend Kenninghall Athletics Club

I do / do not give permission for my child to walk home alone (years 5 and 6 only)

Name of person collecting child: .....

Emergency Contact Name: .....

Emergency Contact Number: .....

**Medical / Health Information:** This information is required to enable coaches to provide appropriate and safe training session.

- I consent to my personal information being collected and used in the event of an emergency and for general club communication. This information will be stored and maintained in accordance with current and future UK data protection legislation.
- I consent to any emergency medical treatment or first aid which is considered necessary in the opinion of a qualified medical practitioner or first aider.
- I confirm that to the best of my knowledge all information on this form is accurate and I will notify the club of any changes to this information as soon as possible.

**Signed** (person with parental consent) .....  
**Date** .....