**Half Term Basketball Coaching – Tuesday 4th April 2023**

Dear Parent/Carer

We are delighted to once again be able to offer an opportunity for your child to attend a basketball coaching session during the Easter holiday.

David Roper, an Ex England-player and national U18s coach will once again be leading the sessions at the following times:

**Primary Yrs 4 – 6 pupils: 9:30 am – 12:00 pm**

**Secondary Yrs 7 - 11 pupils: 1:00 pm – 3:30 pm**

***Please note there will be a charge of £5 per participant.***

**What to wear:**

* Any comfortable sports / PE clothing suitable for physical activity.
* Clean trainers.

We will not be able to loan any kit on the day.

**What to bring:**

* £5.00 in cash.
* A drink in a re-fillable bottle (no fizzy or energy drinks please).
* Any snacks that may be required.
* Any medication (asthma inhalers) that may be required.

Primary aged children should be collected from the Sports Hall no later than 12:15 pm

Places are limited so kindly complete and return the attached form as soon as possible to secure your place.

Kind regards

Angela Daniel

**Please return to Mrs A DANIEL, GTS, Calvesford Road, Torrington, Devon EX38 7DJ or email to:** **adaniel@gts.devon.sch.uk**

**no later than Thursday 30th March 2023. (Basketball Coaching – Tuesday 4th April 2023)**

Pupil Name …………………………………………………………………….. School ……………………………………………………….

Age…………….

Please reserve my child a place & I give consent for them to attend the above event.

Signed ………………………………..……..…… (Parent/Carer) Name ………………………………………………. (Please print)

Date ……………………………………………….

* *I agree to pay £5.00 towards the cost of the event (payable in cash on arrival at the event*
* *I authorise the staff to act on my behalf should any emergency treatment be required by my child during the course of the event.*
* *I understand that GTS Academy will not be liable to him/her for any loss, injury or damage suffered, other than such as may be caused by the negligence of GTS Academy or their employees.*
* *I understand that GTS Academy do not accept any liability for personal belongings.*

**Please state any medical conditions we need to be aware of:**

**………………………………………………………………………………………………………………………………………………………………………**

**Primary Contact Details:**

Name……………………………….………..……… Relationship………………………………..…………………

Home Number ………………………..……..… Mobile Number ………………………..……..…………

Work Number ………………………..………..

Email address (for confirmation of your child’s place)

………………………………………………………………………………………………………………………….

**Alternative Emergency Contact Details:**

Name……………………………….………..……… Relationship………………………………..…………………

Home Number ………………………..……..… Mobile Number ………………………..……..….……..

Work Number ………………………..…………