



**Airedale Junior School**  
**'Aspire - Believe - Achieve'**



**Fryston Road**  
**Castleford**  
**WF10 3EP**  
**Tel: 01977 556946**

**Headteacher: Mrs K Robinson**

**e-mail: [headteacher@airedale-jun.wakefield.sch.uk](mailto:headteacher@airedale-jun.wakefield.sch.uk)**

Our ref: KR/JMM

27 November 2018

Dear Parents

RE: AFTER SCHOOL CLUBS

Elite Sports are once again running their after school sporting clubs during the spring term. The clubs will run for 11 weeks from Monday to Thursday as indicated on the attached pro forma commencing the week commencing Monday 14 January. The clubs will be held from 3.00 p.m. to 4.00 p.m. and cost £22.00 for the 11-week block payable in advance. The children will leave via the main entrance at the end of the sessions.

As our clubs are very popular, can you indicate **in order of preference**, which club your child would like to attend. Should your child's first choice be over-subscribed, then they will be considered for their second choice. Places will be allocated on a first come first served basis and to secure a place, full payment must be received with the pro forma. These clubs are not available online and should they be undersubscribed, they will not go ahead.

Should you wish your child to take part, please complete the attached pro forma and return it to school no later than Wednesday 12 December. We will then advise you whether or not your child has been allocated a place. If your child is unsuccessful, your payment will be returned. However, should your child start the club and then decide not to carry on unfortunately, your payment will not be returned.

Your child will need to wear suitable clothing and footwear for the activity and may wish to bring a drink. You will also need to make arrangements for the safe journey home of your child. Please indicate whether your child will be collected or is to walk home alone.

Yours sincerely  
K Robinson  
Head Teacher





**Airedale Junior School**  
**'Aspire - Believe - Achieve'**



ELITE AFTER SCHOOL SPORTS CLUBS

Child's Name / Class		
<b>DAY</b>	<b>CLUB</b>	<b>PREFERENCE</b> Please indicate in order of preference
Monday	Gymnastics (Using apparatus)	
Tuesday	Tae Kwando	
Wednesday	Self-Defence	
Thursday	Dance/Cheerleading (To include children's choice)	
Contact Name		
Emergency Contact Telephone Number		
Home Time Arrangements if after 3pm	Collected	yes / no
	Walk Home Alone	yes / no
Medical Conditions Inc Asthma		
Any Known Allergies		
Photographs / Videos	Please indicate in the tick box to give permission for your child to have their photograph taken for use within school premises.	
Photographs / Videos	Please indicate in the tick box to give permission for your child to have their photograph taken for use within school publications.	
Photographs / Videos	Please indicate in the tick box to give permission for your child to have their photograph taken for use on the school website.	
First Aid / Videos	Please indicate in the tick box to give permission for your child to receive emergency first aid.	

I would like my child to take part in the indicated club. I enclose the requested £22.00 payment.

Signed \_\_\_\_\_ Date \_\_\_\_\_