

**After School Sports Club  
Autumn Term 2016**

Child's Name ..... Class .....

I would like my child to attend

1. .... on (day of week) .....
2. .... on (day of week) .....
3. .... on (day of week) .....
4. .... on (day of week) .....

I give/ for my child to take part in the above after schools club(s), and understand that they will remain in school until 4.15/4.30pm.

**Please note that children with asthma must have their inhaler with them, or they will not be allowed to take part.**

Medical conditions/illness : .....

My child will walk home/will be collected from Maltby Redwood Academy at **4.15/4.30pm**

Signed ..... Parent / Carer