

THA/avt
8 September 2017

Dear Parent(s) / Carer(s)

10 Week Golf Coaching Course from 18th September to 27th November 2017 – Years 8 - 11

Working with Chadwell Springs Golf Club, we are pleased to announce that we are offering a golf coaching course at Chadwell Springs Club, supported by Herts Sports Partnership, available for the Autumn Term.

Whether your son/daughter has already tried golf and enjoyed it or would like to give it a go, this is the perfect opportunity to learn a new skill! This ten week course will run from 18th September to 27th November after school, on Mondays, from 15.30 to 17.30.

The Golf course is charged at a great value price of only £2 per session, registration for the whole ten week term is £20. There are 12 student spaces available, places will be allocated on a first come first served basis.

To secure a place please complete the slip below and return it to me with a cheque (payable to D S Golf Services Ltd) or cash for £20 at your earliest convenience.

In the case of an emergency please phone Mrs Sally Pringle on 07938 225451 or Mr Oliver Price on 07925019743.

Yours faithfully

Miss Haddock
Assistant Headteacher
Director of Sport
Professional Mentor
tha@johnwarner.herts.sch.uk

Encl.

Reply Slip

10 Week Golf Coaching Course from 18th September to 27th November 2017 – Years 8 - 11 (THA)

Student's Name: _____

Form: _____ Date of Birth: _____

Does your child suffer from any medical conditions? Yes No

Will this medical condition affect them taking part in the activities? Yes No

If yes, please give details including treatment that they currently receive for this/these medical conditions: _____

Enter any known allergies to drugs, medicines or food and/or special dietary requirements:

Has your child been immunised against tetanus? Yes No

Please provide us with two emergency contact numbers:

Number: _____ Relationship to Student: _____

Number: _____ Relationship to Student: _____

Declaration

I agree to my child taking part in the above mentioned visit and to their participation in the activities to be undertaken during the day. I support the need for obedience and responsible behaviour on their part.

To the best of my knowledge, my child is not suffering from any medical condition that makes them unfit to participate in this visit. I agree to my child receiving medical treatment as considered necessary by the medical authorities present.

Signed: _____ **Date:** _____
Parent / Carer