

**PARENTAL CONSENT  
AFTER SCHOOL ACTIVITIES**



**ACTIVITY:** Handball – Years 5 & 6 (boys and girls)

**DATES:** 3<sup>rd</sup>, 5<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> October 2017

**TEACHER IN CHARGE:** Gavin Chadwick

**TIME:** From: 12:30 pm To: 1:10 pm

Mr. Chadwick will be running Handball training sessions during the lunchtime period on the 3<sup>rd</sup>, 5<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> October 2017.

- ◆ As the training will take place on the school field, all children taking part will need to bring outdoor P.E. kit, trainers and a drink.

**The group is limited to 20 places and will be allocated on a ‘first come first served’ basis when children return their consent forms.**

**Please sign the permission slip below and return to school.**

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I give consent for my child ..... Class .....  
to take part in the **Y5/6 Handball** sessions on the 3<sup>rd</sup>, 5<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> October 2017 during  
the lunchtime period and will ensure my child has the appropriate kit.

**Signed:** (Parent/Guardian) ..... **Date:** .....