



Raphael Burke Soccer School Ministries

Investing in Tomorrow!

Bristol City Junior Academy Coach - present
Manchester United Youth Cup Winner 1992
England Youth International 1988 – 1992 (13 caps)
FA Lillishall National School Graduate 1988 – 1990

Dear Parent / Guardian,

St Julian's after school club

We are pleased to inform you that the football club will continue this term as normal. The Football Club will run on **Monday afternoons from 3.20pm – 4.20pm** for **SIX** weeks and will commence on **14th September 2009**.

We are qualified football coaches who are a Christian team working in partnership with schools and communities within the local area. Your child will benefit from drills such as dribbling, shooting, ball mastery and ball control. We aim to provide high quality coaching with the emphasis on enjoyment and encouraging a lifetime love of sport. We also aim to provide the children with moral teachings through fun orientated games.

The cost for the **SIX WEEKS** is **£21.00**, which should be paid within the **first** week of the club commencing. Cheques should be made payable to **RAPHAEL BURKE SOCCER SCHOOL MINISTRIES** and given to either school office or myself.

Whether a regular or a newcomer, if your child/children would like to participate and improve their skills in the world's most popular sport, then we look forward to seeing them at the Football Club!

Yours sincerely

Raphael Burke

Raphael Burke
Qualified and CRB checked Football Coach.
Raphael Burke: 07738 131135

Please make sure the form overleaf together with payment is handed into the school office by the first week of term and before the first session.

Contact Address: Milling House, Leigh Farm, Old Road, Pensford, Bristol, BS39 4BA
Telephone Number: 01761 490015 Mobile Number: 07738131135
Email address: burke101@btinternet.com

Name of child/ren: _____

D.O.B: ___/___/___ ___/___/___ ___/___/___

Name of parent/carer: _____

Contact numbers: (H) _____ (W) _____
(M) _____

Additional Emergency contact:

Name: _____

Number: _____

Address: _____

School: **St Julian's**

Please indicate any medical needs your child has that we should be aware of:

Declaration:

I consent to my child/ren _____ attending the football club.

Enclosed payment: total £ _____ (chq/cash).

If paying by cheque please write your child/ren name, the cheque number and the school name on the back.

I consent to my child/ren receiving necessary treatment in the event of an emergency-
No/Yes (delete as applicable)

At the end of each session the above child/ren will (please tick):

- Be collected
- Walk home on their own / with friends
- Other- please give details: _____

If the session is cancelled at short notice (i.e. on the day) please tell the above children to (please tick):

- Go to _____ class
- Walk home as normal
- Other-please give details: _____
- Telephone me on: _____

Sign _____ **Name** _____ **Date** _____

Many Thanks