LOVEGROVE HOCKEY ACADEMY

Working with Raglan Primary School

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24 May 2021

Dear Parents

I am writing to inform you that Lovegrove Hockey Academy will be running a half term hockey course at Raglan School for Years 3, 4, 5 and 6 pupils. Due to COVID-19 guidelines, we are unable to run this on a pay-and-play basis this term at the request of the school. Therefore, we will be running two half-termly courses.

The hockey club will begin on **Friday 11 June 2021** and will run for the half term. The course dates are as follows:

June	11, 18, 25	**Times: 3/3.30pm to 4.30pm**
July	2, 9 16	**Cost of the course: £21.00**

If a session has to be cancelled for any reason an extra session will be added at the end of term.

If you wish your child to attend could you please complete the form below and return to me at the first session together with your cheque made payable to **Nigel Lovegrove** *(any cash payments please give directly to Nigel)*. If you would prefer to arrange a bank payment, please quote **RG followed by your child's full name** using Account Number: 90591424 and Sort Code: 20-06-72.

Please note, for the safety of the children only wooden sticks should be used on the playground. We have a selection for purchase at reasonable prices if your child would like to have their own stick. Gum shields are essential and are available to purchase at all sessions at a cost of £3.00.

If you have any queries or would like any further information on the course, please contact me either by email or telephone.

Yours sincerely

Nigel Lovegrove
Lovegrove Hockey Academy

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LOVEGROVE ACADEMY ON BEHALF OF RAGLAN PRIMARY SCHOOL
Hockey Summer Term 2021

I wish my child _____ Class _____

to attend the hockey course and:

☐ I enclose a cheque or cash of £21.00 made payable to **NIGEL LOVEGROVE**
☐ I have arranged a bank payment of £21.00 with payment reference **RG**_____

For bank payments please use Account Number: 90591424, Sort Code: 20-06-72

Your personal data will only be used in the event of any emergency involving your child and for the communication of the term time and holiday courses we offer throughout the school year. By signing this form, you consent to us processing your personal data for this purpose.

Emergency contact no: _____ Medical Conditions: _____

Email Address_____ Signed _____Date _____

You may withdraw your consent at any time by contacting us directly. If you **would not** like to receive details of future term time courses and/or holiday courses by email, please tick here ☐