

LLS LTD
LLS HQ,
Woolton High School,
Woolton Hill Road,
Liverpool L25 6JA.

T 0151 294 3229
E info@littleleaguesports.co.uk
W www.littleleaguesports.co.uk

27 November 2014

Dear Parent / Guardian,

Little League Sports will be offering a health related fitness development programme at St. Malachy's from Monday 1st December 2014. This unique programme is delivered to a select few schools in Northern Ireland and will be available to children from P6 and P7 every Monday after school 3.15 pm – 4.15 pm. Places are strictly **first come, first served and open to boys and girls**. The development programme will run for 13 weeks and children will participate in small groups with players of a similar age and ability. The cost for the 13 week programme is £4 per week payable to St Malachy's.

Sessions will take place on the grounds of St. Malachy's PS or indoors and children will be under the tuition of CRB checked, fully qualified coaches. The main aims for LLS sessions are to teach participants new fitness based skills and techniques and provide them with an opportunity to develop on a weekly basis. All sessions are designed to be fun and inclusive for all participants regardless of ability. The 13 week development programme will be bespoke to your child's needs and planned after an initial assessment session.

In order to book your child's place, please complete the consent form attached to this letter and return to the school office on **Friday 28th of November with the first week's payment of £4 in an envelope with your child's name on it.**

If you would like more information or have any questions please call Emmett on **07745651453**.

Kind regards- The LLS Coaching Team

'Innovators in Sports Coaching and Education'

Please ensure all information is provided below:

LLS LTD
LLS HQ,
Woolton High School,
Woolton Hill Road,
Liverpool L25 6JA.

T 0151 294 3229
E info@littleleaguesports.co.uk
W www.littleleaguesports.co.uk

Child's name: _____

Child's age: _____ **D.O.B:** ____/____/____ **Gender:** _____

Child's Ethnicity: _____

Current primary school: _____ **Year:** _____ **Class:** _____

Home address: _____ **Post Code:** _____

Parent / Guardian name: _____

Special Educational Needs (S.E.N) _____

Home telephone number: _____ **Mobile telephone number:** _____

Parents Email: _____

Does your child have any medical conditions that the coach should be aware of: (please tick) YES ____ NO ____
If yes, please attach further information to this consent form

I give permission for images of my child to be used by LLS (please tick): YES ____ NO ____

Name of adult to collect child: _____

Does your child currently play for team? (please tick) YES ____ NO ____
If yes, please state which club: _____

How did you hear about this course: _____

Signed Parent/Guardian _____ **Date:** ____/____/____

By signing above you agree to your child abiding by the LLS rules and regulations (available upon request) and understand there is a strict non refund policy once a child has taken part in a coaching session.