



LOVEGROVE HOCKEY ACADEMY

Working with Langley Park Primary School

George Lovegrove

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Dear Parents

On behalf of Langley Park primary School, I am writing to inform you that during the Autumn term the school will be running a 12-week after-school hockey course for Year 5 pupils on the playground.

Lovegrove Hockey Academy presently coach in 16 schools in Bromley. We currently work with England Hockey and run the LA player pathway which is a programme for players who aspire to play for Kent and England. Our aim is to stretch and challenge each player whilst keeping the hockey exciting and fun to play.

THURSDAY AFTERNOON. Year 5 3.20pm – 4.20pm Cost - £42

September 09, 16, 23, 30
October 07, 14

November 04, 11, 18, 25
December 02, 09

Places will be allocated on a first come first serve basis once the form has been handed into the school office.

If you wish your child to attend could you please complete the form below and return to the school office as soon as possible. For payment please use BACs and quote **LP followed by your child's full name** using Account Number: 22149106 and Sort Code: 60-83-71. The account name is George Lovegrove (*any cash payments please give directly to George*).

Please note, for the safety of the children only wooden sticks should be used on the playground. Sticks will be provided but 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

George Lovegrove

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LOVEGROVE ACADEMY ON BEHALF OF LANGLEY PARK PRIMARY SCHOOL
Hockey Autumn Term 2021 – Year 5 – Thursday afternoon

I wish my child _____ Class _____
to attend the hockey course and:

I have arranged a bank payment of £42 with payment reference **LP** _____

For bank payments please use Account Number: 22149106 and Sort Code: 60-83-71

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