



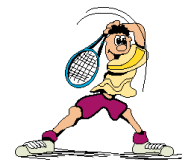
**Hunts School Sports Partnership  
Tennis Club for Year 7 and 8 pupils  
starting Tuesday 12 June 2012**



Dear Parent/Carer

Your son /daughter is invited to attend an after school **TENNIS** Club starting on Tuesday 12 June 2012. Rachel Wisbey from Huntingdon Tennis Club will be taking the club:

**Venue:** Hinchingsbrooke School Tennis Courts  
**Dates:** Tuesday 12, 19 and 26 June, 3, 10 and 17 July 2012  
**Time:** 3.30pm to 4.30pm  
**Fee:** £15.00 for a 6 week course



Please complete the attached application form and return it along with a cheque to the value of £15.00 made payable to **Hinchingsbrooke School** and return to the Hunts School Sports Partnership office next to the PE base.

It is anticipated that demand for this course will be high so please return your application form by post a.s.a.p. and no later than Friday 25 May 2012.

I hope that your child will take this opportunity to join this club.

Helen Churchman, Administrator  
Hunts School Sports Partnership, Administration Officer at Hinchingsbrooke School.

**Hunts School Sports Partnership Years 7 and 8 Tennis club  
Hinchingsbrooke School Tennis Courts  
Parental Consent and Pupil information Form**

To apply for a place for your child on this course please complete, sign and return this form along with a cheque to the value of £15.00 made payable to **Hinchingsbrooke School** and return to the Hunts School Sports Partnership, Hinchingsbrooke School, Brampton Road, Huntingdon, Cambs PE29 3BN by no later than Friday 25 May 2012

I give permission for Child's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
to participate in the Tennis club starting on Tuesday 12 June 2012 at Hinchingsbrooke Tennis Courts.

Is the young person (please tick) Male  Female  Which school year is the young person in? \_\_\_\_\_

Please provide details of any medical conditions, allergies or medication your child may have:

\_\_\_\_\_

In the unlikely event of an emergency, I give consent for my child to receive the appropriate medical treatment

Signed \_\_\_\_\_ Print name \_\_\_\_\_

Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Home telephone number \_\_\_\_\_ Emergency contact telephone number \_\_\_\_\_

Email address \_\_\_\_\_

