



iPro Football COACHING



Wednesday After School Football Club @ Courthouse Junior School

iPro Football will be holding an After School Football Club at your school during the Spring Term.

Contact: Office 07908 172175 Email: office@iprofootballcoaching.co.uk

Guided by our team of our fully qualified professional coaches, the course will work on developing players skills as well as having small sided matches, competitions and fun for all!

Day & Time	Wednesday – 3.30 p.m. – 4.30 p.m.
Course Duration (10 sessions)	Wednesday 14th January – Wednesday 25th March 2026 (Exc Wednesday 18th February - Half Term)
BACS Payment: Sort Code 09 01 29 Account Number 32421826 Account name: iPro Football Coaching Ltd Forms to be completed and emailed to office@iprofootballcoaching.co.uk.	£80 – 10 x Sessions NO forms or payment to be returned to the School Office
Age Groups	Open to boys & girls in Years 3 - 6 Children will be grouped as follows: Group 1 – Years 3 & 4 Group 2 – Years 5 & 6 Minimum number 10 – Maximum 15 per group
Kit Required	Boots/Trainers/Shinpads/Drink & Weather Appropriate clothing.

Places are limited and will be allocated on a first come first serve basis. To secure your place, please complete the attached form and email it to office@iprofootballcoaching.co.uk. The course is **non refundable** however a credit note may be issued for use on a course at a later date.
If you require any further information, please contact the iPro Football Coaching office using above details.

IPRO FRIDAY ADVANCED TRAINING CENTRE

Outfield Players & Specialist GK Section – Limited places

Development and Advanced sessions running weekly for talented grassroots club players in addition to all local club football.

For further info & to book your FREE trial please contact

office@iprofootballcoaching.co.uk

BIRTHDAY PARTIES!

Are you football mad?

Would you like to enjoy a football birthday party with your favourite iPro coach?

If so please contact Office Manager, Julie Adams,

office@iprofootballcoaching.co.uk

****Please Complete in Block Capitals****

CH – Spring 26

Child's Name _____ DOB _____ Year Group _____

Home Address _____ Postcode _____

Payment method (please tick) BACS []

Email address _____

(Please provide us with a clear email address so we can keep you up to date with everything iPro)

Emergency contact name _____ Mobile No. _____

Medical conditions _____

(Children attending who require Epi pens must have written letter of consent to allow our staff to administer treatment. In the unlikely event that your child should need first aid and /or be transferred to hospital, by signing this form you give permission for our staff to do so. You also confirm that all relevant medical conditions have been disclosed). I understand and accept that whilst reasonable care will be taken, neither 'iPro Football coaching', not any personnel authorised by it, not the school of facility at which the course is being held, will be held responsible for any loss or injury suffered by, or to the applicant, howsoever caused.

Signed _____ (Parent/Guardian) Date: _____