



Comberton Village College, West Street, Comberton, Cambridge, CB23 7DU

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Dear Parent/ Carer

**Try Roller Hockey –Have fun, try something different**

The South Cambs School Sports Partnership aims to give every young person their sporting chance. Our roller hockey coach will be running an after school club at Comberton Village College for school Years 2-6 and we would like to invite you to be part of this. Our coach is a fully licensed professional roller hockey coach and will run sessions covering learn to skate and play, awarding medals and certificates to participants at the culmination of the course.

**When:** Wednesdays 4-5pm. Starting on Wednesday 2<sup>nd</sup> March 2011 for 6 weeks

**Where:** Comberton Village College, Sports Hall

**Cost:** £2 a session, making £12 in total.

Please send a cheque, along with the reply slip below, to Claire Roe at the address above by Monday 14<sup>th</sup> February (**please make cheques payable to Comberton Village College**) to secure a place. Please mark the envelope ‘**primary roller hockey club**’ and write your child’s name on the back of the cheque. Children will be provided with all required roller hockey equipment, but should come dressed in T shirt; shorts and long football socks for each session. Parents/guardians are responsible for dropping off and collecting their child from the venue.

If you would like any further information please contact Claire Roe at Comberton Village College on 01223 262503 ext 244 or email [sspadmin@comberton.cambs.sch.uk](mailto:sspadmin@comberton.cambs.sch.uk)

Yours sincerely,

Paula Fisher  
**School Sport Coordinator**  
Comberton Village College

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**Get into Roller Hockey**

I would like to accept a place for my son/daughter at the after school Roller Hockey club for 6 weeks and enclose the sum of £12.

Child’s name: \_\_\_\_\_ Shoe size: \_\_\_\_\_

School: \_\_\_\_\_ Year Group: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

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

I give permission for my child to be photographed at the coaching sessions Yes/ No

Signed \_\_\_\_\_ (parent/ carer) Date \_\_\_\_\_

