



# Deano's Pro Soccer Academy

Website [www.deanosprosoccer.com](http://www.deanosprosoccer.com)

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## After School Soccer Club Y1 - Y6

### Waddington All Saints Academy

Thursday's September 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>  
October 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>

#### Who Are We?

Deano's Pro Soccer Academy is a Lincoln based Soccer Academy Run by ex-Lincoln City Captain Dean Walling who provides Coaching, camps and after school clubs all over the county. All Staff are FA qualified & CRB cleared with years of experience.

#### What Do We Do?

Provide football fun in a safe environment at your child's school For one hour, helping to develop healthy lifestyles, exercise and Most importantly have fun with friends. Please look at the website!

#### How Much?

Deano's Pro Soccer Academy after school soccer will run for **7 WEEKS** (£7 per session) for just **£49** payable in advance.

#### What Time?

3.30pm till 4.30pm each Thursday  
Places are limited to **30** a first come first served basis.

#### How Do You Pay?

Please sign the attached contract and return to School reception. **CHEQUES ARE NO LONGER ACCEPTED** due to ever increasing banking charges.

***THIS IS A (7) WEEK TERM PAYMENT MUST BE MADE  
BY CASH OR BANK TRANSFER BEFORE THE END OF TERM  
'NATWEST 60-13-15 ACCOUNT 44939124' REFERENCE 'NAME'***

**PLEASE RETURN THIS FORM TO RECEPTION OR A COACH UPON  
COMPLETION.**



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## Parental Contract

- I would like my child \_\_\_\_\_ Age \_\_\_\_\_  
To attend the **7 - week** soccer club at **Waddington All Saints Academy**
- I understand the training will take place outside on the school playing fields.
- I agree to let Deano know directly if my child will **NOT** be attending on any Day and understand that it is my responsibility to ensure my child attends this club.
- I will collect my child promptly at **4.30pm** from the School Field.
- I enclose Cash or Bank Transfer OF **£49 Natwest 60-13-15 Acc 44939124**  
**(NO CHEQUES WILL BE ACCEPTED PAYMENT MUST BE MADE BEFORE HALF TERM TO RETAIN A PLACE)**

Childs Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Medical Problems: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Parent/carer