



8th January 2019

Dear Parent/Carer,

**GIRLS NATIONAL LEAGUE BASKETBALL PLAYER TRAINING
HARINGEY ANGELS BASKETBALL CLUB**

I am delighted to inform you that your daughter has been identified as having the potential and attitude to play Junior National League basketball. I and the Haringey Angels coaches have seen your daughter play basketball and we believe that she can play at this level and can excel if she works to her potential.

Haringey Angels training days, venues and times are below. We would love to see your daughter use basketball to open doors to greater educational opportunities as well as playing opportunities. The contact for Haringey Angels, Phil Hayfield, coached girls from Hackney who have since had extraordinary accomplishments in the USA.

Monday and Wednesday

Time: 5pm – 7.30pm

Saturday

Time: 9am – 11am

Location for all days mentioned: Greig City Academy, High Street, Hornsey, London, N8 7NU

To support and encourage your daughter, I would be willing to take her to the first Saturday training session at Greig City Academy. However, the weekday training sessions, they will need to make their own travel arrangements, similarly after the first Saturday session they will need to make their own arrangements to attend.

The first Saturday session I will transport the selected players via the school minibus. They will be expected to arrive at Cardinal Pole at 8.15am and will return with me to Cardinal Pole after the training session. I have included the contact for Haringey Angels if you have further questions about the coaching and playing opportunities.

Phil Hayfield
07944578989

If you would like your daughter to take part please sign and return the permission slip below. Failure to complete this will result in your daughter not being able to attend. Please do not hesitate to contact me at school if you have any further questions.

Yours sincerely,

D. Grego

Miss D Grego

Teacher of PE

REPLY SLIP: RETURN TO MISS GREGO
HARINGEY ANGELS BASKETBALL CLUB

**I, the parent/carers of _____, in Form _____ give permission
for my child to attend the basketball training sessions.**

Name of parent/carers (please print): _____ Signed: _____

Date: _____ Emergency contact details: _____

Medical Conditions (if applicable): _____

