

Dear Parent / Carer

We have a qualified gymnastics coach, Claire Mackenzie who will provide sessions **every Wednesday 3.00-4.00pm (P1-P3) and 4.00-5.00pm (P4-P7) at Duncan Forbes Primary gym hall starting on 26th October for P1-P3. Please note there will be no club in December or the 22nd February as this is part of the mid-term break.**

Oct	Nov	Jan	Feb	March	April
26	2,9,16,23,30	11,18,25	1,8,15	1,8,15,22,29	5

In order to run this club we will require a parent (possibly on a rota) to support the coach with the sessions and registration. The cost is £36 for the above sessions. Please complete the attached slip and return with cash or cheque made out to 'The Highland Council' to Culloden Academy Community Complex (Mon-Fri 6-9pm, Sat-Sun 9-4pm). Forms and payment must be made in person at the reception desk at Culloden Academy Community Complex. Please do not leave booking forms and payment at your school office, Culloden Academy school office or the coach.

Please make sure your child wears suitable clothing for this activity, bring a water bottle and ensure that long hair is tied back and no jewellery.

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Yours sincerely		
Lynne Fraser, Active Schools Coordinator Email: lynne.fraser@highlifehighland.com	Facebook: Like and sha	
Gymnas	stics Club – Duncan rity listed above and agre	
Childs name:	DOB	Year Group
Parent/Guardian Name	Mobile	Email
Address		
Emergency Contact Number:	Any medical cor	onditions:
My child(ren) will walk home / be collected	(delete as appropriate)).
I am available/not available(delete as appro	opriate) to assist with this	s club.
will be used in our traditional marketing can	npaigns, on our website a	training sessions, events and classes. This content and on social networks to promote sport and vish photographs or video footage to be taken of my
Life Highland will also use it to plan improve	ements and to meet our oned in accordance with t	for the purpose(s) for which you have provided it. High obligations in delivering services on behalf of The the Data Protection Act 1998 and will not be passed less there is a legal requirement to do so.
	erm effect (which lasts mo	s having a disability if he/she has a physical or mental nore than 12 months or more or is recurring) and has vities.
Do you consider the participant to have a d	isability? Yes* □ No □	□ (Please tick)
*If yes please give details Declaration: I agree to the use of my per		
Signature:	Dato:	