

Dear Parent / Carer

We have a qualified gymnastics coach, Claire Mackenzie who will provide sessions **every Wednesday 3.30-4.30pm at Cradlehall Primary gym hall starting on 2<sup>nd</sup> September 2015** for pre-school 4/5 year olds and P1s.

Sept	Oct	Nov	Dec
2,9,16,23,30	7,28	4,11,18,25	2

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 £24 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**. **Please do not return form to your school office.**

Please make sure your child wears suitable clothing for this activity, bring a water bottle and ensure that long hair is tied back. **Parents will be responsible for collecting their child(ren) from the nursery and taking them to the gymnastics class.**

Yours sincerely

Lynne Fraser  
Active Schools Coordinator  
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**Gymnastics Club – Cradlehall Primary 4yrs-P1**

I consent to my child taking part in the activity listed above and agree for all personal information I have entered to be used for these purpose(s) as per the data protection statement:

Childs name: \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Class: \_\_\_\_\_

Any medical conditions: \_\_\_\_\_

My child(ren) will walk home / be collected (delete as appropriate). I can / can not provide support at this club.

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

Do you agree to photographs being used for:

Newsletter  Web  Newspaper  Don't agree

**Data Protection** – the information you have supplied will be used for the purpose(s) for which you have provided it. High Life Highland will also use it to plan improvements and to meet our obligations in delivering services on behalf of The Highland Council. This data will be maintained in accordance with the Data Protection Act 1998 and will not be passed on or sold to any other organisation without your prior approval, unless there is a legal requirement to do so.

High Life Highland would like to send you information about our own products and services and the benefits of being a High Life member by post, telephone, email and SMS. If you agree to being contacted in this way, please tick the relevant boxes.

**Post**  **Phone**  **Email**  **SMS**  **Email** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_