

Dear Parent / Carer

We have a qualified gymnastics coach, Claire Mackenzie who will provide sessions every Thursday 3.30-4.30pm at Cradlehall Primary gym hall starting on 27<sup>th</sup> October for P1-P3 age group.

October	Nov	Jan	Feb	March
27	3,10,17,24	12,19,26	2,9,16,23	2,9,16,23,30

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 £34 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. Places are limited, however we will operate a short waiting list.

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

baon and no jononony.		
Yours sincerely		
Lynne Fraser, Active Schools Coordinator Mobile: 07795825603 Email: lynne.fraser@highlifehighland.com	Facebook: Like and share C	fulloden Active Schools
9 -	tics Club – Cradlehall F	Primary P1-P3
I consent to my child taking part in the activused for these purpose(s) as per the data p		all personal information I have entered to be
Childs name:	School	Year Group
Parent/Guardian Name	Mobile	Email
Emergency Contact Number:	Any medical condition	ons:
My child(ren) will walk home / be collected	(delete as appropriate).	
I am available/not available(delete as appro	opriate) to assist with this club	).
will be used in our traditional marketing car	npaigns, on our website and o	ing sessions, events and classes. This content on social networks to promote sport and hotographs or video footage to be taken of my
Life Highland will also use it to plan improve	ements and to meet our obligations in accordance with the D	e purpose(s) for which you have provided it. High ations in delivering services on behalf of The ata Protection Act 1998 and will not be passed here is a legal requirement to do so.
	erm effect (which lasts more th	ng a disability if he/she has a physical or mental nan 12 months or more or is recurring) and has
Do you consider the participant to have a d	lisability? Yes* □ No □ (Pl	ease tick)
*If yes please give details  Declaration: I agree to the use of my per		
Signature:	Date:	