

Dear Parent / Carer

We have a student coach, Cameron Macleod who is keen to start a basketball club **every Thursday 4.30-5.30pm at Duncan Forbes Primary gym hall starting on 6th October for P4-P7 age group. Dates of sessions are:**

October	November	January	February	March
6,27	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. There is no cost for these sessions. Please complete the attached slip and return to Culloden Academy Community Complex (Mon-Fri 6-9pm, Sat-Sun 9-4pm). Forms must be handed in person at the reception desk at Culloden Academy Community Complex. Please do not leave booking forms at your school office or Culloden Academy school office.

Please make sure your child wears suitable back and no jewellery.	e clothing for this activity, bri	ng a water bottle and ensure that long hair	is tied
Yours sincerely			
Lynne Fraser, Active Schools Coordinator Mobile: 07795825603 Email: lynne.fraser@highlifehighland.com	Facebook: Like and share C	Culloden Active Schools	
9 -	Club – Duncan Forbes	s Primary P4-P7	
I consent to my child taking part in the activused for these purpose(s) as per the data p		r all personal information I have entered to b	е
Childs name:	Address	Year Group DOB	
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	b.	
will be used in our traditional marketing can	npaigns, on our website and o	ing sessions, events and classes. This conte on social networks to promote sport and photographs or video footage to be taken of r	
Life Highland will also use it to plan improve	ements and to meet our oblig ned in accordance with the D	e purpose(s) for which you have provided it. pations in delivering services on behalf of The Data Protection Act 1998 and will not be passiblere is a legal requirement to do so.	Э
	rm effect (which lasts more the	ring a disability if he/she has a physical or me han 12 months or more or is recurring) and h	
Do you consider the participant to have a d	isability? Yes* □ No □ (Pl	lease tick)	
*If yes please give details Declaration: I agree to the use of my per			
Signature:	Date:		