

Dear Parent / Carer

We have a qualified gymnastics coach, Claire Mackenzie who will provide sessions every Thursday 4.30-5.30pm at Cradlehall Primary gym hall starting on 27th October for P4-P7 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 jewellery.

Yours sincerely			
Lynne Fraser, Active Schools Coordinator Mobile: 07795825603 Email: lynne.fraser@highlifehighland.com Fa	acebook: Like and share (Culloden Active Schools	_
	s Club – Cradlehall		· -
I consent to my child taking part in the activity used for these purpose(s) as per the data prot		or all personal information I have entered to be	е
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 appropri	iate) to assist with this clul	b.	
Photographs and video footage may be take will be used in our traditional marketing campa encourage more children to live an active lifes child.	aigns, on our website and	on social networks to promote sport and	
Data Protection – the information you have s Life Highland will also use it to plan improvem Highland Council. This data will be maintained on or sold to any other organisation without yo	ents and to meet our oblig d in accordance with the D	gations in delivering services on behalf of The Data Protection Act 1998 and will not be pass	e Ū
Disability – The Disability Discrimination Act of impairment, which has a substantial long term an adverse effect on their ability to carry out n	effect (which lasts more t	than 12 months or more or is recurring) and h	
Do you consider the participant to have a disa	bility? Yes* □ No □ (Pl	lease tick)	
*If yes please give details Declaration: I agree to the use of my perso			
Signature:	Date:		