|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | **SUBJECT** | **YEARS APPLIED TO** | **REFERENCE** | **REPLY YES/NO** |
| **10.01.2019** | **GYMNASTICS** | **Years 1,2,3 & 4** | **Spring03** | **YES** |

Dear Parents,

We have been given an opportunity to have some gymnastic coaching in school as an after school club. These sessions will be led by a local Gymnastics Coach. This is only open to pupils in Years 1, 2 3 & 4 and is limited to 20 in the sessions. It will take place on a Monday night from 3.15 p.m. – 4.15 p.m. starting next Monday 14th January. There will be no charge for this after school club.

Places will be allocated on a first come first served basis – if your child is interested please complete the reply slip below and return it to school immediately in the yellow box outside the Office.

Yours faithfully,

K Stephenson

PE co-ordinator

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**REPLY SLIP GYMNASTICS 10.01.2019**

Name:.......................................................................................................................

My son / daughter (\*) is interested (\*) / (\*) is not interested (\*) in the Gymnastics

After School Club on Mondays after school from 3.15 – 4.15 p.m.

Does your child have any medical condition or allergies that we need to be aware of for this activity. **YES / NO**

**If Yes please state:…………………………….……………………………………………**

Emergency contact details for Monday afternoons – (NAME)……………………………

Phone numbers:……………………………………………………………………………

SIGNED:………………………………………………………Dated:……………………

PLEASE PRINT YOUR NAME:…………………………………………………………