



Active for Life!

Dear Parent/Guardians,

RE: EXTRA CURRICULAR ACTIVITIES Autumn half term January – February 2014

We are very pleased to inform you that our specialist PE coaches from Aspire Sports Health & Fitness will again be running after school activity clubs. **All clubs run from 3.20 – 4.20pm.**

Day	Club	Classes	No. of Places	Start	End	No of Sessions
Tuesday:	Gymnastics	Reception -yr3	20	7.1.14	11.2.14	6
Wednesday	Gymnastics	Years 4-6	20	8.1.14	12.2.14	6
Thursday:	Body Combat	Year 3 - 6	20	9.1.14	13.2.14	6

In order for the specialist PE coaches to run the clubs, there will be a **£1.50 charge per session**. This will be **payable in advance** and **non refundable**, therefore, the charge for this **half term will be based on the number of sessions listed above**. Places will be limited per session due to hall space and will be allocated on a first come, first serve basis. **You will only be notified if your child has a place by text message.**

The extra-curricular clubs will run throughout the term specialising in various sports and activities. This is a great opportunity for your child to receive quality coaching, have fun, make new friends and keep active! We all hope that the clubs prove to be popular and a regular part of your child's time at Highfields.

If you would like your child to take part in the after school club please fill in the slip below and return to the school with payment by **Monday 16th December 2013**. **Please ensure you complete a form for each child participating.**



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Please ensure you complete a separate form for each child participating.

I would like my child to take part in the **club on Tuesday**
Please find enclosed the **payment of £9**

Name: _____ Class: _____

Emergency contact: _____ Phone No: _____

Signed: _____ Date: _____

Please inform us of any medical conditions your child may have: _____

And any medication they may need: _____

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I would like my child to take part in the **club on Wednesday**.
Please find enclosed the **payment of £9**

Name: _____ Class: _____

Emergency contact: _____ Phone No: _____

Signed: _____ Date: _____

Please inform us of any medical conditions your child may have: _____

And any medication they may need: _____

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I would like my child to take part in the **club on Thursday**.
Please find enclosed the **payment of £9**

Name: _____ Class: _____

Emergency contact: _____ Phone No: _____

Signed: _____ Date: _____

Please inform us of any medical conditions your child may have: _____

And any medication they may need: _____