



# CRABTREE JUNIOR SCHOOL

CRABTREE LANE, HARPENDEN, AL5 5PU

HEADTEACHER

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15th December 2016

Dear Parents

## Crabtree Gym Club 2017

The Crabtree Gym Club is back in the New Year and culminates with 2 performances to parents on Thursday 16<sup>th</sup> March at 1.10pm and 6pm. This club has been hugely popular over the years, generally involving approximately 100 gymnasts! The club is open to all Year 5 & 6 pupils and will be facilitated by myself and Miss Clements.

We are delighted to be able to offer to run the gym club once again – gymnastics at this level is outside of the normal primary remit but the children always rise to the challenge and put on a tremendous display. Because this is designed as an extra-curricular opportunity, there is a charge for the sessions, other than for Pupil Premium children. The cost per child for this year's gym club will be £10.

Please find attached a schedule of the practice sessions that have been arranged for lunchtimes and after school.

If your child would like to attend the club, please could you return the permission slip attached by Monday 19<sup>th</sup> December and make your payment, our preferred method of payment is by WisePay please.

As you will see from the schedule practises start the first week back so prompt return of your forms would be appreciated if your child would like to take part.

Yours sincerely

Amanda Tizard  
**PE Subject Leader**



Crabtree Junior School is part of The Crabtree Academy Trust: a company limited by guarantee.

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## Crabtree Gym Club 2017

Child's Name..... Class .....

	YES	NO
I give permission for my child to participate in the 2017 Gym Club	<input type="checkbox"/>	<input type="checkbox"/>
I have made payment of £10 via WisePay	<input type="checkbox"/>	<input type="checkbox"/>
I enclose a cheque for £10 payable to <i>Crabtree Junior School</i>	<input type="checkbox"/>	<input type="checkbox"/>

I will let the school know in advance if (s)he is unable to attend an after school session

For after school sessions my child will

- \*walk home on his/her own
- \*walk home with a friend
- \*be collected from school by .....

*\*Please complete/delete as appropriate*

Medical conditions/treatments required:\_\_\_\_\_

I give my consent for my child to receive emergency medical treatment as considered necessary should the need arise. I have informed the school of all medical conditions or treatments that my child suffers from or required to maintain health.

**Signed:** ..... **(Parent/Guardian)**