



Summer Term 2019 Gymnastics Club at Garden Fields School

Name of club: **Gymnastics Club**
 Year Groups: **Year 2-5**
 Day: **Tuesdays**
 Start Time/End Time: **5:30-6:45pm (75 minute session)**
 Location: **Lower School Hall**
 Contact Name/Email/Number: **Vicky Vettese/ victoriavettese@hotmail.co.uk/07871627760**
 Cost: **£63 (£7 per session), 9 weeks total**
 Payment Details: **CASH/CHEQUE/BANK TRANSFER Miss Victoria Vettese Account number: 20353025 sort code: 09-01-27**

Overview of club dates:

1 st half term	Mon	Tue	Wed	Thurs	Fri
Wk 1	Bank Holiday	Inset Day	24 th April	25 th April	26 th April
Wk 2	29 th April	30 th April	1 st May	2 nd May	3 rd May
Wk 3	Bank Holiday	7 th May	8 th May	9 th May	10 th May
Wk 4	13 th May	14 th May	15 th May	16 th May	17 th May
Wk 5	20 th May	21 st May	22 nd May	23 rd May	24 th May
HALF TERM					

2 nd half term	Mon	Tue	Weds	Thurs	Fri
Wk 6	3 rd June	4 th June: No Club	5 th June	6 th June	7 th June
Wk 7	10 th June	11 th June	12 th June	13 th June	14 th June
Wk 8	17 th June	18 th June	19 th June	20 th June	21 st June
Wk 9	24 th June	25 th June	26 th June	27 th June	28 th June
Wk 10	1 st July	2 nd July	3 rd July	4 th July	5 th July
Wk 11	8 th July	9 th July	10 th July	11 th July	12 th July
END OF TERM					

Other information

These sessions are carried out by a qualified and experienced gymnastics coach, who will be teaching your child a wide range of gymnastics skills from basic to more advanced skills and children show a lot of improvement within the sport after just one term. If you wish to book onto these sessions please be aware that **spaces are limited** and will be on a **first come first served basis**. The course must be paid in full and no refunds are available. If you have any queries please do not hesitate to contact me.

**If you wish to book your child onto the course or would like further information please contact via email/telephone to secure your child's place.
(victoriavettese@hotmail.co.uk/07871627760)**

Please complete the permission slip and return to the club organiser on the first week the club commences marked with your child's name and club name. **Spaces will be allocated on a first come first served basis.**

Name of club: AFTER SCHOOL GYMNASTICS CLUB WITH VICKY VETTESE	
Child's name:	
Year group:	Class:
Name of parent/carer:	Email address of parent/carer:
Emergency contact number:	
Special Educational Needs:	
Medical conditions/allergies:	
Please contact me to discuss my child's medical needs and arrangements for their medicine. Please tick if required. <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that it is my responsibility to ensure that my child remembers to attend the club and I will make every effort to inform the club leader if my child is unable to attend. Please tick <input type="checkbox"/> • I give permission for my child to make his/her own way home at the end of the club Please tick <input type="checkbox"/> 	