



# Gymnastics



## Dear Parent/Guardian

This year Burns Skills School are running an afterschool gymnastics programme in Dromore Central Primary School. The programme will run for 8 weeks and will incorporate age appropriate educational sessions, the main focus of which will be improving each child's technical ability in an enjoyable way. This term, this programme is being offered to children in **Primary 1 & 2** (2.00pm-3.00pm each week) and children in **Primary 3 & 4** (3.00pm-4.00pm each week).

To secure a place for your child, please complete a parental consent form and return it to school, by **Friday 12<sup>th</sup> April 2019**, along with payment of £24.00, in an envelope clearly labelled for the attention of 'Burns Skills School'. It would be appreciated if payments were in cash, as we are unable to process cheques. Places for these programmes are limited.

## Dates of programme:

- Wednesday 1<sup>st</sup> May
- Wednesday 8<sup>th</sup> May
- Wednesday 15<sup>th</sup> May
- Wednesday 22<sup>nd</sup> May
- Wednesday 5<sup>th</sup> June
- Wednesday 12<sup>th</sup> June
- Wednesday 19<sup>th</sup> June
- Wednesday 26<sup>th</sup> June

## Benefits of programme:

- Professional coaches deliver lessons
- Children's technical ability is improved through controlled and structured physical activity
- Physical, mental and social attributes are enhanced and confidence is built
- Children make new friends in an atmosphere of respect and acceptance

When in attendance we would advise that all children wear appropriate clothing: shorts and t-shirt with a pair of trainers suitable for indoor and outdoor use.

*With thanks,*

*A Scott*

*Aaron & Andrew Burns  
(Burns Skills School)*



# Burns Skills School

## Parent/Guardian Consent Form

Name of Child .....

Age ..... D.O.B ..... Child's School .....

Child's Class..... After-school club: Hockey/ Gymnastics

Parent/Guardian Name .....

Address.....

.....

Tel (day): ..... Tel (evening): .....

Mobile: ..... E-mail: .....

(Please make sure you are available at any of these numbers during the hours of coaching)

Alternative Contact Name: .....

Alternative Contact Number: .....

### Medical Details

Doctors Name..... Tel: .....

Address .....

Is your child currently on any medication? Yes ☐ No ☐

Medication or Conditions .....

(If your child suffers from any conditions or takes any medication can you please state above, if child requires inhaler all inhalers must be brought to coaching sessions)

I give permission for my child to take part in Burns Skills School coaching and to be included in promotional photographs for example local newspapers, Twitter and Facebook etc.

Signed Parent/Guardian: ..... Date: .....

**Twitter** - @Burns\_skills

**Facebook** – Burns Skills School

**Email** – [coaching@burnsskillsschool.com](mailto:coaching@burnsskillsschool.com)

**Website** – Burns Skills School

**Snapchat** – Burns\_skills