Inspiration Tree

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15th July 2024

Date: — /— / 2024

Dear Parent/Guardian,

Opportunity for Gymnastic Coaching

Parent/Guardian's signature: -

I am writing to inform you that we are offering a Gymnastic coaching opportunity for boys and girls in Yr. 3 at Rossett Acre School on Friday after school. The club will provide pupils with an opportunity to engage in structured gymnastics activities. This is a mixed course for both boys and girls and who are keen to develop their gymnastic skills and abilities. No previous gymnastics experience is required. The club will cover the following gymnastics activities:

Balance (individual, pair, & group)
Cart Wheels
Pair & Group Balances
Rolls (forward, backward)
Fun Gymnastic activities
Individual Acrobatic Skills

Gymnastics Club – Options to reserve a place & pay for the club

To reserve a place on the club, please return the application form to school. A confirmation text will be sent to confirm your child's place. To pay for the club you can return a cheque made payable to **Inspiration Tree** or you can pay by BACS to Inspiration Tree 40-35-33 and account 31460811 once your place has been confirmed. **For information on the course or about registrations, please would you contact us directly and not the school office.**

Please do not hesitate to contact me if you have any queries.		Club:	Yr. 3 - Boys & Girls
Yours sincerely,		Day:	Friday afternoon
		Time:	3:30pm-4:30pm
		Location	: Rossett Acre
		Dates:	Sept 13 th - 25 th Oct
Nicky Wilce Inspiration Tree		Tuition	Fee: £30 (7 weeks)
Friday After School Gymnastics Club	Rossett Acre – Yr. 4,5	& 6	13 th Sept – 25 th Oct
I give permission for my child	in Yr	to a	attend
the After School Gymnastics Club. We require all	the fields below to be comple	ted.	
Mobile: H	lome Tel:		
Email Address:			
Medical Conditions:			
1: My child will be collected by: (Please print parents first name)			
2: My child will be attending Fun club after gymna	astics: () *Please tick if yes		
<u>Declaration</u>			
I/We, as parent(s)/guardian(s) apply for our son / daughter to enrol on participate in all course activities. As parents(s) / guardian(s) of the about a playing and transfer my child to be sital should an emergency arise.	ove player. I/We give permission for my so	n / daughter	to be treated for illness or injury sustain