Active Schools Coordinator: Lynsey Hogg

Loudoun Academy, Glasgow Road, Galston, KA4-8PD

Tel: (01563) 820061 E-mail: Lynsey.Hogg@east-ayrshire.gov.uk

Date: 22 January 2019

Dear Parent/Guardian,

**P1-P2 Sports Club**

Galston Primary School, in conjunction with your **Active Schools** Coordinator, is pleased to invite your child to take part in a Sports club at the school. This club for **P1-P2** will take place after school on a Tuesday.

**Galston Primary School P1-P2 Sports Club**

**Day:** Tuesday **Time:** 3pm-4pm

**Dates:** 5th Mar, 12th Mar, 19th Mar, 26th Mar

Please note that all children **must** be collected after this sports club.

Should you wish your child to attend please complete the permission slip below and return to the school as soon as possible.

Kind Regards

**Lynsey Hogg**

**Active Schools Coordinator**

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**Galston Primary School P1-P2 Sports Club**

**Tuesday -** 5th Mar, 12th Mar, 19th Mar, 26th Mar

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_

Parent/Carer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Please identify any known medical conditions such as asthma, diabetes, epilepsy and allergies.

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  East Ayrshire Council, Vibrant Communities, will use the personal information on this form to enable us to provide the service requested.  The information supplied may also be used for planning, statistical and research purposes.

I consent to the use of my personal information for these purposes.

Name ………………………..……………………………. Signature ……………………………………………….…. Date ……………..

We may also contact you to let you know about other services that may be of interest to you.  Please tick this box if you do not wish to receive such information.

Publicity photographs and video/film may be taken at our events/sessions and used by East Ayrshire Council for a period of 3 years in printed materials and on websites (including East Ayrshire Council Facebook pages).  I agree to photographs and/or film being taken of me/my child.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**