



Clubbercise After-School Club

Key Stage 2

Commencing Thursday 9 November 2017

Dear Parents,

Clubbercise is a simple, fun dance fitness class where you workout with glow sticks to classic 90s anthems in a darkened room. Great fun and an excellent way to keep fit!

Clubbercise will take place on Thursday from 3:30—4:30pm. The first taster session will be £2.00 and subsequent sessions will be £4.00.

Thursday 9 November (Taster session, £2)

Thursday 16 November (£4)

Thursday 23 November (£4)

Thursday 30 November (£4)

Clubbercise sessions are led by qualified instructor Dawn Bate—**she is fully insured and holds DBS enhanced clearance.**

Following the taster session on Thursday 9 November, if your child would like to take part for the next 3 sessions, please complete the slip below and return it to school with your payment of £12.

If you would like to purchase glow sticks for use in the classes, please also send in an additional payment of £5.

Clubbercise After School Club

Child's name: _____ Class: _____

I would like my child to take part in the next 3 Clubbercise sessions and enclose payment of £12

I would like to purchase glow sticks and include payment of £5

I give permission for my child to wear neon face paint in the class

Signed (parent/guardian) _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE FOR UNDER 16s

Class – Family Clubbercise / U13 Clubbercise / U18 Clubbercise

This a dance fitness class taught in a darkened room with flashing lights. If your child suffers from any form of photosensitivity or light sensitivity this class is not suitable for them.

Child's name Age

Parent/Guardian

Emergency contact details

GP name and number

HEALTH QUESTIONS

Does your child have or has he/she ever experienced any of the following?

Please circle Y (yes) or N (no)

1. High or low blood pressure Y / N
2. Elevated cholesterol Y / N
3. Chest pains brought on by physical activity Y / N
4. Childhood epilepsy Y / N
5. Photosensitive epilepsy or another photosensitive condition Y / N
6. Asthma or any respiratory conditions Y / N
7. Dizziness or fainting Y / N
8. Any allergies (please specify) Y / N
9. Any sustained injury or illness Y / N
10. Is your child taking any medication? Y / N
11. Is there any reason other than what is mentioned above you think that your child may not take part in physical activity Y / N

(If yes to Q11 please specify)

Any answers marked yes (Y) should seek medical clearance from a GP and supporting evidence before taking part.

I(parent/guardian) of(child's name) have read and understood all of the information above and agree for (child's name) to take part in the exercise programme. All information is given accurate to the best of my knowledge. I understand that my child is responsible for monitoring his or herself during the session and if any symptoms occur they understand that they must tell the instructor. I understand that if my child fails to behave in a polite and social manner he or she could be suspended from that particular activity.

Parent/Guardian signature

Date