



Hollygirt

SCHOOL

Dear Parents

Extra-Curricular Activity (Junior School) – BOX FIT

Your daughter/son has expressed an interest in attending Box Fit.

Box Fit is a fun fitness class using boxing gloves and pads. It includes punch and knee strike combinations, cardio fitness, agility, strength, group interaction and fun. Music is the leading force of the class and we will use the beat and the rhythm to generate an atmosphere of teamwork and enjoyment.

Box Fit will take place on Thursday after school from **3.45pm until 4.30pm** in the Senior School hall / Friends Room.

The **first session will be on Thursday 18th January** until Thursday 23rd March (Spring Term).

Pupils should bring the following items with them for each session:

- **A water bottle**
- **Trainers**
- **Sportswear**
- A small towel
- Anti-bacterial gel

Pupils will not be allowed to take part unless they arrive at each session with a water bottle, trainers and sportswear.

The Friends of Hollygirt committee have kindly purchased boxing gloves and pads so that this class can take place without any cost to parents. These will be given out and collected back in at each session. However, pupils are welcome to bring their own gloves and pads.

If you have any questions regarding Box Fit, please email me at robertahutley@hollygirt.notts.sch.uk or call the main school telephone line on 0115 958 0596.

Yours sincerely

Roberta Hutley
Marketing Manager / Box Fit Instructor

PLEASE KEEP THIS LETTER AND RETURN THE CONSENT FORM ATTACHED

Pupil's Name: Form:

Please complete this form as accurately and completely as possible for your child.

1. Has your doctor ever said your child has a heart condition and that they should only do physical activity recommended by a doctor?	Yes/No
2. Does your child ever feel pain in their chest when they do physical activity?	Yes/No
3. Has your child ever had chest pain when they were <i>not</i> doing physical activity?	Yes/No
4. Does your child ever feel faint or have spells of dizziness?	Yes/No
5. Does your child have a joint problem that could be made worse by exercise?	Yes/No
6. Has your child ever been told that they have high blood pressure?	Yes/No
7. Is your child currently taking any medication of which the instructor should be made aware?	Yes/No
8. Is there any other reason why your child should not participate in physical activity?	Yes/No

If you have answered 'YES' to one or more questions:

Talk to your doctor by telephone or in person before your child starts becoming more physically active. Tell your doctor about the questionnaire and which question(s) you answered yes to. Your child may be able to still take part in the activity, as long as they begin slowly and build up gradually, or they may need to restrict their activities to those which are safe. Talk with your doctor about the activity your child wishes to participate in and follow his or her advice.

Please note: If the health of your child changes such that you could then answer YES to any of the above questions, please tell Miss Roberta Hutley.

I give my permission for my daughter/son to stay at school for the above activity. I have read, understood, and completed the questionnaire and answered honestly the questions above on behalf of my child. I also state that I wish my child to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that participation in these activities involves the risk of injury.

I acknowledge the need for obedience and responsible behaviour on their part. I understand that there is some level of risk in every activity, but that this activity will be managed to minimise the risks involved.

I will make appropriate travel arrangements for my child at the stated finishing time. I understand that if I am late collecting, he/she will be taken to the After School Club, in Stafford House (Junior School) and a charge will be levied for this service.

Signed: Date:

Please return to Roberta Hutley via your child's CLASS TEACHER by Monday 15th January