

Dear Parents/Guardians:

As an opportunity to enrich the gymnastics section of our Physical Education program, we are delighted to bring "Gym Sense Gymnastics" to **School name** this year. Gym Sense has been designed to facilitate teaching gymnastics to a multi-ability group. This program brings a gymnastics specialist into the gym for 4 weeks. Gym Sense will increase student learning, involvement, skill and safety for this challenging curricular area.

Gym Sense will be here **from Date**. Gym Sense provides the basics of gymnastics, including rolls, cartwheels, as well as using equipment like bars, beams and floor mats.

This sporting activity may include, but not be limited to the following inherent risks, and all risks associated with the nature of this sport (ie. Rolled ankles, joint/head/neck injuries, loosened teeth, bruises and abrasions, fractures, and other bodily injuries).

Please complete the section below to give your child permission to take part in Gym Sense, and **return it to the classroom teacher by DATE**. If the form is not returned, your child will not be able to participate. If you have any questions about the program, please talk to your child's classroom teacher.

Our PAC is sponsoring Gym Sense, so there will be no charge for this program. Many thanks to the PAC for their support.

Thank you.

"Gym Sense" School Activity - Date

I would like my child _____ in _____'s
child's name teacher's name
class to participate in the Gym Sense program and I understand the risks involved with him/her participating in this gymnastic program.

I would NOT like my child _____ in _____'s
child's name teacher's name
class to participate in the Gym Sense program.

Parent Signature

Parent Name

Date