

UPTON JUNIOR SCHOOL

Executive Headteacher: Mrs. M Lewis Heads of School: Mr. D. Walker (Upper School) & Miss. D Arthur (Lower School) 01843 861393 Part of The Viking Academy Trust



Year 6 Water Polo (Tuesdays) Year 5 Water Polo (Thursdays)

Dear Parents,

We are delighted to be able to restart Water Polo Club again (see details below).

Essential information: This club will be run by Ms Barratt and Mr Honour and is only suitable for pupils who can comfortably swim over 25m. The club will have a numbers limit due to health and safety considerations. If the club is over-subscribed names will need to be randomly drawn and these children not selected will be considered for an subsequent clubs While swimming is free for Upton pupils within PE lessons, in order to maintain the pool this club has a cost of £3 per session and this must be paid in advance for the next 10 sessions (total £30)

Year 6	October: 3 rd . 10 th , 17 th , 31 st
Tuesdays	November: 7 th , 14 th , 21 st , 28 th
	December: 5 th , 12th
Year 5	October: 5 th , 12 th , 19 th
Thursdays	November: 2 nd , 9 th , 16 th , 23 rd 30 th
	December: 7 th 14 th

Pupils must, at all times, display excellent behaviour and listening skills otherwise their place at the club will be withdrawn.

Pupils need appropriate swimming kit and any relevant medical items (inhalers, epipens), as the pool is in a separate building to the main first aid room. On the permission form below parents must indicate whether their child will be collected or should walk home. If successful, if your child needs to miss a session for any reason a <u>message must be left with the school office before the date of the session</u>.

All permission slips need to be returned by the deadline of Friday 29th September

Kind regards	
Mr Walker Head of School	
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I give my permission for my child Polo Club during the academic year 2017	to take part in the Water
I also agree to the person in charge of the party gi medical treatment given should the necessity arise.	iving permission, on my behalf, for an anaesthetic to be administered and any other
Signed	
Emergency Contact Number	
Please tick:	_

- My child will be collected
 - My child has permission to walk home