



Dear Parent

September 2017

BOXING

The Boxing Academy is open to all students and will run from 3.15pm - 4.15pm every **Friday** of the Autumn Term, from w/c Monday 18th September until Friday 15th December.

The fees must be paid in advance, to ensure your child’s place in the class and to help provide them with a sense of commitment.

If you would like to give permission for your son/daughter to attend these sessions please complete the attached Parental Consent Form and return it directly to the School Reception Payment may be made by ParentPay or by card payment by telephoning 01600 775171/775143).

We recommend payment by Parentpay either termly or annually, as shown below:

Academy	Autumn	Spring	Summer	
Boxing	11 sessions £30.00	TBC*	TBC*	

Autumn Term w/c 18/09 – 11/12 Payment due before lessons commence

*The Boxing Academy can only continue into the Spring and Summer terms if it proves to be cost effective and fees cover the coaching costs.

In accordance with the school’s Health and Safety Procedure, failure to return the consent form will result in your child not being able to take part in this activity. Please ensure your child brings any medical equipment they require, including inhalers, to this activity.

If you require a reminder of your username and password for ParentPay please email Mrs Susan Stitt at stitts@monmouth.schoolsdu.org.uk



Old Dixton Road, Monmouth, Monmouthshire NP25 3YT

Telephone: 01600 775177 Fax: 01600 775151 E-mail: monmouthcomp@monmouth.schoolsdu.org.uk Website: www.monmouthcomprehensive.org.uk

CONSENT FORM

Please complete and return to the School Reception

Your child will be assigned to the Academy on return of this Consent Form



Name of Student		Form	
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I agree that my child may take part in Boxing, commencing Friday 22nd September. For your child's security we recommend that you make payments by ParentPay

Cost: £30.00 (non-refundable)	Parent Pay	Telephone Payment 01600 775171/775143
Please tick payment type box		

I confirm that my email details set up in Parentpay are correct and **verified**. (This enables you to receive a receipt for your payments and all future trip information via Parentpay email.)

I wish to make you aware of the following medical information regarding my child relevant to this activity

I am aware that:-

1. Off-site activities travel and personal injury insurance is provided by Royal Sun Alliance. For summary of cover, please visit the School's website at www.monmouthcomprehensive.org.uk under Trips. **I agree to adhere to the payment requirements.**
2. I give permission for my child to travel by private hire, where applicable
3. My child must bring their relevant medication/equipment, including inhalers, to this activity

Contact Name(s) (please print)	
Relationship to student	
Contact Telephone Number	
Contact Email Address	
Signature of Parent	
Date	