

Monday 15th January

Opportunity for your child to receive Bikeability Balance Cycle Training

Dear Parent/Guardian,

Whittingham C of E Primary School is offering Bikeability Plus Balance cycle training within the school premises.

Bikeability Balance is a series of school-based sessions that aims to provide children in **Reception and Year 1** with the basic balance and co-ordination skills they will need to learn to ride and take part in Bikeability Level 1.

Children enjoy cycling and of course it brings many health benefits, develops confidence and gives them independence. Children who have been trained are much safer and, in addition, tend to cycle more. This training is being carried out by a company called Cycle Experience, www.CycleExperience.com

The training will take place on the mornings of **Monday 5th, Tuesday 6th, Wednesday 7th and Thursday 8th February.**

I am writing to invite you to register your child(ren) for this training.

There are a limited number of places available, so please complete and return the attached form to me by **Friday 19th January** at the latest. Pupils will be accepted on a "first come, first served basis".

Balance bikes are provided and will be brought to the school. Pupils just need to turn up with helmets on the day.

Your child will need to bring with them for their course:

- **A cycle helmet** (which must be of the correct size, not full faced and fit properly.)
These can be purchased for as little as £4 from the local supermarket.

In addition, you will need to ensure that your child:

- **Has sufficient warm clothing** including **gloves** (sessions are 45 minutes long). High visibility tabards are provided so the rest of the school are aware of what is happening on the premises.
- **Has some wet weather clothing** e.g. a shower or waterproof jacket as a minimum and preferably some over trousers. The training will continue in light to moderate rain but will be suspended if there is a heavy downpour.

Yours sincerely
Headteacher
Mrs Athey

Cycle Training Consent Form

Child's/Children's name(s) (please print) _____

Parent/Guardian's Name (please print) _____

☐ **I would like** to register the above child/children to take part in the cycle training and confirm that they will have a helmet.

☐ **I do not** wish my child/children to be photographed during the training

☐ **I do not** wish my child/children to take part in the training.

If you are declining the offer of cycle training, can you tell us why? Your feedback will help us improve the services and opportunities that we offer.

Medical or other conditions which may be of relevance:

Signature:

Date:

Contact telephone number:

School Name:

Please return this form to

Mrs Kennedy (School Office)

**By Friday 19th
January at the latest**