



The Cockermouth Primary Schools Consortium

- What?** Endurance running for **juniors** in the Cockermouth Area
Who? Year 5 and 6 (9-11 year olds)
Where? Fairfield Primary School
When? Thursdays 4-5pm, starting Thursday 17th January 2019
Notes: 4 weeks before half term, 4 weeks after half term.
No sessions on 14th or 21st February. Final session 21/03/19
Fees: £25.60 (£3.20 per session, 8 sessions)

Our **BodyFit Junior Running Club** is organised in conjunction with the Cockermouth Primary Schools Consortium.

The sessions will be coached by Sam Ayers, Tony Jewell and Hazel Davies who are all England Athletics qualified coaches; are fully insured and DBS cleared. They will also be assisted by teachers from the local schools and other adult volunteers. Sam is also a Level 3 Endurance Coach and works with both England and British Athletics in a team management role.

What will we do?

Each session will have the following format:

1. Warm up and running drills, focusing on endurance running technique, speed, agility and quickness
2. Main session, will focus on building the speed-endurance running ability of the group, i.e. build up the amount of time they can run without stopping, at a fast pace with good technique.
3. Cool down and stretch

The sessions will be fun and inclusive and will encourage runners of all abilities. There will be opportunities to take part in local junior events and races such as the [Keswick Junior parkrun](#) and junior races organised by local clubs.

Volunteers needed....

We are also looking for adult volunteers to help organise and support the sessions.

- ✓ Initially, we need volunteers to be an 'extra set of hands'
- ✓ The village schools will need volunteers to transport the children to Fairfield School
- ✓ If you decide you'd like to be more involved, you could choose to have 'coach development' with Sam if you'd like to learn how to coach, with a view to taking a group. There will also be opportunities for taking coaching qualifications.
- ✓ All volunteers will also go through the DBS clearing protocol.

Samantha Ayers
1 Brookside
Eaglesfield
Cockermouth
Cumbria
CA13 0SD



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Booking Form

Child's Full Name

Parent/Carer's Name

Telephone Number

E-mail

Child's School:

I'd like to book the following:

BodyFit Junior Running Thursday 4pm, Fairfield School	8 sessions	£25.60
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✓ Please complete the health screen overleaf return to Sam Ayers together with the booking form. Please return to Sam, not to your child's teacher, thank you.

Payment:

Bank Transfer (BACs) or PayM is our preferred method of payment, thank you.

Cash accepted or cheques payable to 'BodyFit (Sam Ayers) Ltd'

Please send to: **Sam Ayers, 1 Brookside, Eaglesfield, Cockermouth, Cumbria, CA13 0SD**

BACs: BodyFit (Sam Ayers) Ltd

Sort Code: 09-01-28

Account Number: 08185241

Ref: Your Surname and Session if room, e.g. Ayers RunJuniors

If paying by BACs, please e-mail Sam with the following:

- Session(s) paid for
- Amount transferred
- If paying for two or more people – please transfer payment separately. This helps identifying who's paid for what far easier. Thank you.

PAYM: If your bank supports paying by mobile, you can pay for your classes using this method. For more information see www.paym.co.uk. The mobile number for this method is:

07805 094 701

BodyFit Personal Training and BodyFit Cumbria are the trading names of BodyFit (Sam Ayers) Ltd

Registered in England and Wales, Company Number: 7798883

Director: Samantha Ayers

Registered Office: As above



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Dear Parent or Carer

Your child will soon be starting an activity session. As part of the health and safety structure of the session, medical details of your child are required. These will be kept by **Samantha Ayers (Director)** at all times and will not be passed on to any person other than session tutors/coaches or a medical professional in the case of an emergency.

Please read the questions carefully and answer each one honestly on behalf of your child. **Tick YES or NO.**

Questions:	Yes	No
1. Has your doctor ever said that your child has a heart condition and that (s)he should only do physical activity recommended by a doctor?		
2. Does your child feel pain in his/her chest when doing physical activity?		
3. In the past month, has your child had chest pain when not doing physical activity?		
4. Does your child lose his/her balance because of dizziness or has your child ever lost consciousness?		
5. Does your child have a bone or joint problem that could be made worse by a change or increase in physical activity?		
6. Is your child's doctor currently prescribing medication for your child?		
7. Does your child have epilepsy?		
8. Does your child have diabetes?		
9. Does your child have any other condition that may affect his/her ability to start physical activity or increase the amount of physical activity currently undertaken?		
10. Does your child have a special need that we may need to understand in order to help your child enjoy, benefit and learn from the class? For example: Autism, hearing or sight issues etc.		
11. Do you know of any other reason why your child should not do physical activity?		

If you answered **yes** to any of the questions, please include further details here, e.g. name of condition, medication prescribed etc.

Please ensure that your child has any required medication with them at all times. Medication will be carried by your child, not the coaches. A zipped pocket or small bumbag is best for this purpose – many thanks.

Child's Full Name: _____ DOB: _____ Age: _____

Address: _____

Post Code: _____ Telephone: _____

Name of Emergency Contact: _____ Relationship with child: _____

E-Mail: _____

Signed: _____ Date: _____

Please print YOUR full name: _____

Do you object to your details being stored on computer (for our use only)? Yes/No

If you have any questions or doubts, please do not hesitate to call me on the above number. Sam Ayers

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