**BFT – “Before School Training” Program 2024**

Dear Parents/Guardian and Athlete,

Welcome to 2024 at BPS!

Our Before School Training coaches, Kirsty and Nick Turner and Nicole and Anthony Battye are ready to start our Before School Training and start preparing our runners for our House Cross Country this term. This training is for anyone in grade 1 – 6 who are committed to doing their best and respecting the coaches at our sessions. A huge thank you to our wonderful volunteers for putting their hand up to keep this terrific initiative running for our students.

Our BFT program is a *free* program designed to get our kids active before school as well as preparing them for up-coming school events including cross country, athletics and House Sports etc.

The BFT would like to communicate to all families and children who would like to be involved the ***Training Code of Conduct,*** which is an expectation for all runners who attend.

The **BFT training** **is not** a before school care service and our volunteers reserve the right to ask a child not to come back to BFA trainings should they not follow the following code of behaviour.

***Code of Conduct for BFA***

1. Respect all volunteers.
2. Respect other runners and their desire to want to train – **“You come, you run”** motto.
3. Turn up for training **on time** and **not earlier than 8.10am.**
4. **Asthmatics** must bring their asthma medication to training to avoid medical issues.
5. **ANY medical conditions** need to be clearly outlined on the permission form and students must bring relevant medications to training, for example, asthma medication and Epipens.
6. Students must sign in to every training session they attend.
7. **If a child is observed not participating (including playing on equipment or wandering off) over a series of two sessions, the family will be contacted about their child’s future participation.**

**BFT suggests athletes also bring…**

1. A piece of fruit or healthy snack to eat post training before going into class.
2. Your drink bottle.
3. A jumper in the winter months.
4. A change of socks if the weather looks wet.

**Permission to train form**

By signing this *official form*, you as the parent/care giver are giving permission for the volunteers, who have a current *Working with Children’s Check,* to care for your child while they are at training from 8.10 – 8.40am.

**Parents/caregivers must sign the letter below and hand it to one of the volunteers on the commencement of your child’s first training session.**

**Please turn over**

**Training schedule 2024**

**\*\*Training days for 2024 for term 1**

**Wednesday mornings only (except for Public Holidays or Curriculum Days) 8.10am – 8.40am.**

**The first week’s training will start THIS WEEK at the BPS oval/track on… Wednesday 7th February 2024**

**\*\**WHATSAPP* Group and CANCELLATION OF TRAININGS** – Our coaching volunteers will advise all current members of the BFT community via a *Whatsapp* Group when a training session has been cancelled due to wet weather. **You will need to provide a mobile number for them to invite you to this group.**

**IMPORTANT**

Please send your child with this form completed on the morning of their first training session and ask them to hand it to the volunteer coach. Athletes will also need to check in and tick their name off at the start of every training session.

**-------------------------------------------------------------------------------------------------------------------------------------------------**

**Before School Training Permission Form 2024**

I (parent/guardian full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child (name of child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to attend BFT sessions. By signing this form both my child and myself understand the Before School Training ‘Code of Behaviour/Conduct’ and understand that my child/children will be supervised by parent volunteers from 8.10am – 8.40am on the designated training days.

Medical conditions of my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication and action plan needed for this condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to opt into the **Before School Training 2024** ***Whatsapp Group*** and give permission for our volunteers to use my mobile number to join the group and be displayed on the group screen.

**Yes/No (please circle).**

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (parent/guardian signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email contact (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_