

Date: _____ To: parents

Jump Rope for Heart – Jump Off Day

I am pleased to inform you that our school has joined the Jump Rope for Heart Program which aims at motivating our young generation to do regular exercise and to develop a healthy lifestyle, thus reducing the risk of heart disease and stroke.

The climax of the program, Jump Off Day is scheduled to be held on _____(date) at _____(venue). At this fun-filled dynamic event, students will be divided into groups and learn various skills in turns / join various games or competitions. They will be given appropriate rest time. Please consult your doctors if you are not sure whether your child is suitable to join the program or not.

Please complete the reply slip below and return to the class-master before _____(date).

Thank you for your kind attention and support. Let's work together to reduce the risk of heart disease among our young generation.

Yours truly,

	Principal			

	I agree with my child	_ (Cl	lass) to participate in the Jump Off day on
	I disagree with my child on		(Class_) to participate in the Jump Off Day
	Signature of parent / guardian	:		
	Name of parent / guardian	:		
	Date	:		