



**Garlinge Primary School and Nursery**



**Mini Football Festival**

**Friday 20<sup>th</sup> September 3.30pm-5.00pm**

Dear Parents and Carers

You will be delighted to know that your child has been chosen to represent Garlinge at a Mini Football Festival on **Friday 20<sup>th</sup> September from 3.30pm – 5.00pm**. This will take place at Garlinge Primary School. The event is due to start at 4.00pm and parents and carers are more than welcome to spectate and support our teams. Entry will be via the Year 3 and 4 gates on Westfield Road.

Your child will be provided with Garlinge football kit, however you will need to ensure that they bring moulded football boots and **shin pads**. No metal studs or blades. We would also advise them to bring an extra bottle of water.

If you need to contact the PE department to advise that you are running late to an event, your child is unwell and cannot take part or you will be late to collect your child please call 07564343288.

It is an honour to be chosen to represent our school at sport, so if your child cannot attend, please let us know as soon as possible so that another child can benefit from this opportunity. Please complete the attached form and return it to your child's class teacher by **no later than Friday 13<sup>th</sup> September**.

These events promise to be exciting events for all those taking part and may be covered by local media and included on our school website. If you have any objections to your child being involved in any photos or coverage then please include this on the attached slip.

Yours faithfully

*L. Sparkes*

Mrs L Sparkes  
PE and School Sport Leader





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## Mini Football Festival

**Friday 20<sup>th</sup> September 3.30pm-5.00pm**

I give permission for my child ..... in class ..... to take part in a Mini Football Festival on Friday 20<sup>th</sup> September.

I will collect my child at the later time of 5.00pm from Garlinge

My child cannot attend

I agree to my son/daughter receiving medicine as instructed and any emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present.

Including Anaesthetic  or Blood Transfusions  **(Please tick)**

Any medical details (Including allergies) .....

Emergency contact numbers .....

Any other information we may need to know .....

***'Please ensure the phone for the number given is switched on and that it will be answered promptly'***

**I do not agree** to my child's photograph, name or media footage appearing in any related publicity material. Please note, if ticked, we will make every effort for your child not to be included in photographs and footage but please be aware that this event will be taking place in a large open environment and your child may be photographed indirectly. Please also note we will allow your child to be photographed or used in the related footage for this event if this box is not ticked.

Signed ..... Parent/Carer

Please Print Name .....

