



Garlinge Primary School and Nursery



Netball Festival

Wednesday 25th September 3.15pm – 5.15pm

Dear Parents and Carers

You will be delighted to know your child has been chosen to represent team Garlinge at a forthcoming Netball Festival on **Wednesday 25th September from 3.15-5.15 pm** at Dane Court Grammar School.

The children will travel to Dane Court Grammar School by school minibus and will return to Garlinge at **5.45pm**. Alternatively, you can collect your child from Dane Court Grammar School at **5.15pm prompt**. Please indicate on the attached slip your preferred collection arrangement.

Your child will need their PE shorts and **trainers** for the event. A school team top and jacket will be provided. Please can we ask that this is returned into school the following day. Your child may also bring in an extra bottle of water and a healthy snack.

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 Wednesday 18th September**.

This promises to be an exciting event for all those taking part and may be covered by local media including our school website and PE twitter feed. 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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I give permission for my child in class to take part in the netball festival on Wednesday 25th September from 3.15pm – 5.15pm.

I will pick my child up from Dane Court Grammar School at **5.15pm**.

I will collect my child at the later time of **5.45pm 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

