



Garlinge Primary School and Nursery



Infant Agility

Thursday 2nd May - Ursuline College

Dear Parents and Carers,

You will be delighted to know that your child has been chosen to represent team Garlinge to take part in the Infant Agility Festival. This is a great opportunity for your child to enjoy some friendly competition and meet pupils from other schools. **This will take place during the school day from 10.00am – 1.00pm at Ursuline College on Thursday 2nd May.**

On this day, pupils will be taken to Ursuline College by school minibus at 10.00am and will be back in time for their lunch. Children will be provided with a Garlinge sports top, however you will need to ensure that they bring black PE shorts and trainers. We would also advise that they bring a 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, so if your child cannot attend, please indicate on the form so that another child can benefit from this opportunity. Please complete the attached form and return it to your child's class teacher by **Friday 26th April.**

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,

S. Mileham

Mrs S Mileham

PE and School Sport Leaders

L. Sparkes

Mrs L Sparkes





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I give permission for my child in class to take part in the Infant Agility Festival on Thursday 2nd May.

My child will be able to attend the tournament on Thursday 2nd May.

My child will not be able to 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