

Garlinge Primary School and Nursery

Year 3 and 4 Mini Tennis Festival



Friday 10th May – 4.00pm – 6.00pm

Dear Parents and Carers

You will be delighted to know that your child has been chosen to take part in a Year 3 and 4 Mini Tennis Festival on **Friday 10th May** at Margate Tennis Club from 4.00pm until 6.00pm.

The children will be taken to Margate Tennis Club by our school minibus. The event is due to start at 4.00pm and is expected to finish at 6.00pm. Children must be collected from Margate Tennis club at 6.00pm promptly. Parents and carers are more than welcome to spectate and support our team.

Your child will be provided with a Garlinge sports top, however you will need to ensure that your child has PE shorts and trainers. We would also advise them to bring 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, 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 3rd May.**

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 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,

S. Mileham

Mrs S Mileham Mrs L S PE and School Sport Leaders













Garlinge Primary School and Nursery

Year 3 and 4 Mini Tennis Festival



Friday 10th May – 4.00pm – 6.00pm

I give permission for my child take part in the Mini Tennis Festival on Friday 10 th May.	in class to
I will collect my child at 6.00pm from Margate Tennis Club.	
My child cannot attend.	
I agree to my son/daughter receiving medicine as instructed and medical or surgical treatment, as considered necessary by the m	, , ,
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	







