



Garlinge Primary School and Nursery



Kent School Games Squash Tournament

Year 3 + 4 Thursday 4th April – 10am – 12pm

Thursday 21st March

Dear Parents and Carers

You will be delighted to know that your child has been chosen to represent Garlinge at the upcoming squash tournament on **Thursday 4th April** during the school day. This will take place at the Thanet Squash Club. The winners from the competition will go on to represent Thanet at the Kent School Games.

On this day the children will travel to Thanet Squash Rackets Club, Broadstairs, in the minibus and will arrive back in time for the end of the school day. A school team top will be provided, but pupils will need to wear their school PE shorts and trainers (clear non – marking trainers to worn). We would advise for your child to bring an extra bottle of water and a healthy snack.

If you need to contact the PE department to advise them 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 29th March.**

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

L. Sparkes

S. Mileham

Mrs L Sparkes

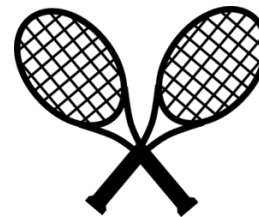
Mrs S Mileham

PE and School Sport Leaders





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I give permission for my child in class to take part in Kent School Games Squash Tournament on Thursday 4th April.

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)

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

Any medical details (Including allergies)

Emergency contact numbers

Any other information we may need to know

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

