



Garlinge Primary School and Nursery



Swimming Trials

Friday 29th March 5.00pm – 6.00pm
Upton Junior School

Friday 15th March

Dear Parents and Carers,

You will be delighted to know that we are planning to enter the Thanet Schools Swimming Gala. This will take place on **Saturday 18th May** and we would therefore like to give your child the opportunity to take part in the swimming trials on **Friday 29th March from 5.00pm until 6.00pm**. These will be **timed trials** run by Stacey Simpson from Stacey's Swim School. A member staff from Galringe will be there too.

Children will need to arrive at Upton Junior School, Broadstairs in time for the trials to start at 5.00pm. **Parents and carers are required to stay at the pool** and your child/children will be free to leave after their time trial. If any accompanying adults would like to assist with the timing, please speak to Stacey on the day.

Your child will need the following equipment for the event:

- Towel
- Goggles (optional)
- Swimming hat – longer hair
- Swimming costume for girls (bikinis not allowed)
- Swimming trunks or shorts for boys

PLEASE NOTE

YOUR CHILD MUST BE ABLE TO ATTEND THE GALA ON SATURDAY 18TH MAY TO BE ELIGIBLE TO TAKE PART IN THE TRIALS.

Decisions about team selection will be final.

Please complete the attached form and return it to your child's class teacher by **no later than Friday 22nd March**. Please also note that any contact/medical information given on the slip below will be passed onto Stacey Simpson, who will be running the event.

Yours faithfully,

L. Sparkes

Mrs L Sparkes
PE and School Sport Leaders

S. Mileham

Mrs S Mileham





Garlinge Primary School and Nursery



Swimming Trials

Friday 29th March 5.00pm – 6.00pm
Upton Junior School

I give permission for my child in class to take part in the swimming trials on Friday 29th March.

I will drop my child off by 5.00pm and remain on site at Upton

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

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

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

