



Garlinge Primary School and Nursery

Badminton Tournament

Tuesday 22nd January

Ursuline College – 4.00pm – 6.00pm



Dear Parents and Carers

You will be delighted to know that your child has been chosen to represent Garlinge at a Badminton tournament at Ursuline College from 4.00pm till 6.00pm **on Thursday 22nd January.**

The children will be taken to Ursuline College, Westgate, by school minibus with the event expected to finish at 6.00 pm. We therefore request that you are available to collect your child promptly from Ursuline College at this time.

Your child will be provided with a Garlinge sports kit, however you will need to ensure that your child bring their trainers. We would also advise for them 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 THURSDAY 17th January.**

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, PE twitter page and our Sports magazine. 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

Miss L Sparkes
PE and School Sport Leaders

S. Mileham

Mrs S Mileham





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**Tuesday 22nd January
Ursuline College**



I give permission for my child in class to take part in the Badminton Tournament at Ursuline College on Tuesday 22nd January.

I will collect my child Ursuline College at 6.00 pm prompt

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

