



Garlinge Primary School and Nursery



Kent School Games basketball qualifying tournament

Friday 23rd November 4.00pm – 5.45pm
Ursuline College

Dear Parents and Carers

You will be delighted to know your child has been chosen to represent team Garlinge for the final qualifier of the Kent School Games Basketball tournament. This will take place on **Friday 23rd November from 4.00pm until 5.45pm at Ursuline College.**

On this day the children will travel to Ursuline, Westgate by school minibus, however, **ALL PUPILS MUST BE PICKED UP** from the Ursuline Sports Hall at 5.45 pm

Your child will be provided with a school team top and shorts. Trainers must be worn for the event. We would also advise them to bring a healthy snack and a bottle of water.

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 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 TUESDAY 20TH NOVEMBER**

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

L. Sparkes

S. Mileham

Miss L Sparkes
PE and School Sport Leaders

Mrs S Mileham





Garlinge Primary School and Nursery



Basketball Tournament

Friday 23rd November 4.00pm – 5.45pm

I give permission for my child in class to take part in the Basketball Tournament at Ursuline from 4.00pm – 5.45pm.

I will pick my child up from Ursuline at 5.45pm.

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

