



Garlinge Primary School and Nursery



Key Steps Gymnastics Development Festival

Thursday 10th January 9.15am – 12.15pm
Ursuline College

Dear Parents and Carers

You will be delighted to know your child has been chosen to represent team Garlinge at the forthcoming Gymnastics Festival at Ursuline College on **Thursday 10th January from 9.15am – 12.15pm.**

The children will travel to Ursuline College by school minibus and will return to Garlinge at 12.15 pm. **They will be back in time for their usual lunch.**

Your child will be provided with a Garlinge sports kit. They will be performing in bare feet but will need plimsolls or trainers to wear as well. We would also advise for your child to bring in an extra 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 Monday 17th December.**

This promises to be an exciting event for all those taking part and may be covered by local media including our school website, PE twitter feed and 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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I give permission for my child in class to take part in the Gymnastics Development Festival from 9.15am – 12.15pm.

My child is able to take part in the event.

My child cannot 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

