



Garlinge Primary School and Nursery



**John Curran Cup Football Tournament
Friday 28th September**

Dear Parents and Carers,

You will be delighted to know that your child has been chosen to represent Garlinge at the John Curran Cup football tournament at Garlinge Primary School. This will take place on **Friday 28th September from 3.20pm-5.30pm**. The matches are due to start at 4.00pm and parents and carers are more than welcome to spectate and support our team. Entry will be via the Year 3 and 4 gates on Westfield Road.

Your child will be provided with Garlinge football kit, however you will need to ensure that they bring moulded football boots and shin pads. No metal studs or blades. We would also advise for them to bring an extra bottle of water.

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 21st September**.

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

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 John Curran Cup on Friday 28th September.

I will collect my child at the later time of 5.30pm from Garlinge.

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

