



Garlinge Primary School and Nursery



LES RIGGS CUP ROUND 2

**Monday 5th November
Bromstone Primary School**

Dear Parents and Carers

You will be delighted to know that your child has been chosen to represent Garlinge at the Les Riggs Football Cup on **Monday 5th November from 3.15pm-4.30pm at Bromstone Primary School.**

The children will travel to Bromstone, Broadstairs, by school minibus and will return to **Garlinge at 5.00pm.** Alternatively you can collect your child from **Bromstone at 4.30pm** prompt. Please indicate on the attached slip your preferred collection.

Your child will be provided with a Garlinge football kit, however will need to bring in moulded football boots and shin pads. No metal studs or blades please. We would also advise them to bring 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 29th October.**

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



LES RIGGS CUP

Monday 5th November Bromstone Primary School

I give permission for my child in class to take part in Les Riggs Football Cup on Monday 5th November.

I will collect my child at 5.00pm from Garlinge Primary School

I will collect my child from Bromstone Primary at 4.30pm 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.....

