## Headteacher

John Galvin

## **Petworth CofE Primary School**

South Grove, Petworth, West Sussex, GU28 0EE

**Tel:** 01798 342369 **Fax:** 01798 343195

**E-mail:** offfice@petworth.w-sussex.sch.uk **Website:** www.petworth.w-sussex.sch.uk



7<sup>th</sup> July 2016

Dear Parents/Carers,

## **Rother Valley Rounders Tournament**

Your child has been selected to take part in a Rother Valley Rounders Tournament at Harting Recreation Ground on Friday 15<sup>th</sup> July. We shall be travelling by coach, leaving school at approximately 8.45am and will arrive back for normal pick up time.

Your child will need to bring:

- a healthy high carb snack/piece of fruit for mid-morning
- two bottles of water for during the day
- Packed lunch with extra drink (no cans or glass bottles please)
- full PE kit
- trainers
- appropriate clothing for the day (either wet weather gear or sun hat and sunscreen.)

We are looking forward to exciting day of sport.

If you have ordered a hot meal with Chartwells for this date, please contact Chartwells as soon as possible to cancel your child's meal.

I will be holding a coaching session on Thursday  $14^{\rm th}$  July from 3.15pm to 4.15pm in preparation for the Rounders Tournament on Friday.

I would be pleased if you could sign and return the attached Consent Form and rounders coaching session permission slip as soon as possible.

Thank you.
Yours sincerely
Jo Duffy
PE Co-ordinator
Rounders Coaching Session on Thursday 14 <sup>th</sup> July
I give permission for my child
Signed

## PETWORTH CE PRIMARY SCHOOL CONSENT FORM FOR ROUNDERS TOURNAMENT AT HARTING RECREATION GROUND KS2 CHILDREN ON FRIDAY $15^{\mathrm{TH}}$ JULY 2016

to be allowed		pove mentioned school visit and having read the an any or all of the activities mentioned.	name) information
		stands that it is important for his/her safety and fo nstructions given by the staff in charge are obeyed	
care of the	children, unless they a	staff and helpers in charge of the party will take all are negligent they cannot be held responsible for n/daughter arising during or out of the journey.	
	chool Journey Insurance nty Council)	Policy of Chartis Insurance UK Ltd is available th	rough West
Please delet	te and complete the foll	lowing as is appropriate.	
My child ha	the following illness	r physical disability * s or physical disability * vhich does not apply	
which neces	ssitates the following me	dical treatment:	
I consent to	any emergency medical	treatment necessary during the course of the event	t.
Signed		Parent/Guai	rdian
Address	НОМЕ	WORK	
Tel. No.	HOME	WORK	
If not availa	ble at the above, please	state an alternative contact:	
Name		Tel No	