Headteacher
John Galvin
Petworth CofE Primary School
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West Sussex, GU28 0EE
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Fax: 01798 343195
E-mail: offfice@petworth.w-sussex.sch.uk
Website: www.petworth.w-sussex.sch.uk

13th March 2020

Dear Parents/Carers,

Year 5-6 Football Tournament at Watersfield Football Club

Your child has been selected to take part in a Year Football Tournament on the afternoon of **Wednesday 18TH March** at **Watersfield Football Club.**

The team selection for this tournament is:-

James Abbott (goalkeeper)	Harry Williams (goalkeeper)
George Ashton-Smith	Lloyd Dallyn
Jack Ralph (captain)	Harry Ralph
Ben Cronshaw	Riley Underwood
Jake Harris	Mackenzie Underwood (captain)
Marley Rampton	Charlie Torode
Karmen Lang	Austin Collins

Your child will need to bring:

- Football kit will be supplied by the school.
- Football boots.
- Two bottles of water for during the afternoon.
- Appropriate clothing for the day (wet weather gear).
- **Shin pads are essential as children will be wearing studs.**

We will be travelling to and from Watersfield on the school minibus and we should be back at school by the end of the school day.

Please complete the attached consent form and return it to the office by **Monday 16th March 2020.**

We are looking forward to an exciting afternoon of sport.

Thank you.

Yours sincerely,

John Galvin
Headteacher

PETWORTH COFE PRIMARY SCHOOL
YEAR 5-6 FOOTBALL TOURNAMENT ON
WEDNESDAY 18th MARCH 2020

I wish my son/daughter_____(name)
to be allowed to take part in the above mentioned school visit and having read the information letter, agree to him/her taking part in any or all of the activities mentioned.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the children, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

(**Note:** A School Journey Insurance Policy of Chartis Insurance UK Ltd is available through West Sussex County Council)

I give permission for my child to travel on the school minibus.

Please delete and complete the following as is appropriate.

My child has: no illness, allergy or physical disability *
the following illness or physical disability *

- Cross out which does not apply

_____

_____

which necessitates the following medical treatment:_____

_____

I consent to any emergency medical treatment necessary during the course of the event.

Signed_____Parent/Guardian

Address HOME WORK

_____

_____

_____

Tel. No. HOME WORK

_____

If not available at the above, please state an alternative contact:

Name_____Tel. No._____