Headteacher

John Galvin

Petworth C of E Primary School

South Grove, Petworth, West Sussex, GU28 0EE

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

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

14th June 2022

Dear Parents/Carers,

Football Tournament at Stedham

Your child has been selected, as they were keen to participate, to take part in a Football Tournament at Stedham on the morning of Thursday 23rd June 2022.

The Squad selection for this tournament is:-

Harry Soame (GK)

Shay Murray (C)

Seb Durrant

Harry Ashton-Smith

Charlie Dempsey

Eve Atkins

Scarlet Prezpiorka-Baggaley

Abigail De Sousa Maund

Your child will need to bring:

- Football kit will be supplied by the school.
- Football boots or trainers.
- Shin pads are essential.
- Bottle of water.
- Snacks to eat throughout the morning.
- Appropriate clothing for the day (wet weather gear).

Please complete the attached consent form and reply slip, return it to the office by **Friday 17**th **June.**

We will be travelling to and from Stedham on the school minibus, we will be leaving school at 8.30am and will be arriving back at school by lunchtime

We are looking forward to an exciting morning of football.

Thank you.

Yours sincerely,

John Galvin Headteacher

Stedham Football Tournament Thursday 23rd June 2022

ame of child	
give permission for my child to travel to and from Stedham on the school minibus.	
I will drop my child at school (front entrance) for 8.30am.	
igned	

Stedham Football Tournament on Thursday 23rd June 2022

I wish my son/daughter	(name)
to be allowed to take part in the above mentioned letter, agree to him/her taking part in any or all of the	
I have ensured that my child understands that it is in of the group that any rules and any instructions give	
I understand that, while the school staff and helpers care of the children, unless they are negligent the damage or injury suffered by my son/daughter arising	ey cannot be held responsible for any loss,
(Note: A School Journey Insurance Policy of Chartis Sussex County Council)	Insurance UK Ltd is available through West
Please delete and complete the following as is app	opriate.
My child has: no illness, allergy or physical disabili the following illness or physical disa • Cross out which does not ap	bility *
which necessitates the following medical treatment:	
I consent to any emergency medical treatment nece	ssary during the course of the event.
Signed	Parent/Guardian
AddressHOME WO	RK
Tel. No. HOME WO	BK
If not available at the above, please state an alterna	tive contact:
Name	Tel No