



St Peter's Roman Catholic Primary School

St Peter's Road, Newchurch
Rossendale BB4 9EZ

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Headteacher: Mrs Helen Sullivan

Thursday 17th September

Dear Parent / Carer,

_____ has been chosen to represent our school in a Y5/6 Football match on Tuesday 22nd September against St. Veronica's Primary School. The match will be played away at St Peter's Playing Field, St. Peters Avenue, Haslingden, Rossendale, Lancashire, BB4 6NZ. Please can I request that parents pick their child up from school at 3:00pm promptly and take them straight to the venue for a 3:30pm meeting time! Kick off will be once everyone arrives. The match will be 25 minutes each way so the finish time is approximately 4:40pm.

Your child will be provided with a school football kit but will need shin pads and appropriate footwear for the grass pitch (trainers are allowed). If they have any goal keeper gloves, please can they bring them along on the day? They'll also need to have a water bottle and maybe a snack for refreshment.

It would be a great help if some parents could help transport children to the venue as some parents may struggle with this. Please can you complete and return the form below to school as soon as possible. Please also let me know if your child needs a lift to the event.

A polite reminder that, if relevant, it is parents' responsibility to cancel their child's place at Keys Club within 1 working day of this letter in order to avoid incurring a charge.

Kind Regards, Miss Lynch **(PE subject leader)**

☐ My child **will** be attending! I give permission for _____ in Year _____ to take part in the football match.

☐ My child **will not** be attending! I do not give permission for _____ in Year _____ to take part in the football match.

If your child will be attending the competition please complete the following:

Any medical information I need to know about:

Name and telephone number to contact in case of emergencies:

Does your child need a lift to the event? Yes/no

If yes, do you give permission for him/her to travel with another parent/carers who has correct insurance? Yes/no

If you are transporting your child, can you give a lift to any other children? Yes/no

If yes, how many? ____ (We will text you if we need you, thank you! ☺)

If yes, do you have adequate insurance? Yes/no

Signed _____ Date _____

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