Andy Cavill

Partnership Manager

Redborne School Sport Partnership

Office: 01525 842609

Email: andy.cavill@redborne.com

Dear Parent/Carer,

**Year 3&4 Sportshall Athletics Competition**

I am pleased to inform you that your child has been invited to participate in a Sportshall Athletics competition at Henlow Academy.

**\*This will take place between 1 - 4:30pm on Friday 31st January 2025**

Redborne SSP will provide transport to and from the event. Pupils will compete in athletics events against other schools from Central Bedfordshire. All events will be scored by trained Secondary School Sports Leaders.

The event will take place in an indoor Sportshall, pupils will need to wear school PE kit including trainers and bring a packed lunch and a bottle of water.

Unfortunately, spectators are not allowed at Henlow Academy, as the event will take place during the school day.

If you would like your child to attend, please complete the consent form overleaf & return to the school.

Yours sincerely



Andy Cavill

**Partnership Manager**

**Redborne School Sport Partnership**

**Consent Form: Year 3&4 Sportshall Athletics**

Please return this form to ………………………………………………………………………………….. by .……………..…….

Pupil Name…………………………………………………………………………………………………………. Class……………..….

I give consent for my child to attend the Year 3&4 Sportshall Athletics event at Henlow Academy

on Friday 31st January 2025 from 1 - 4:30pm

I confirm I am aware my child will be transported to the event and returned to school by coach/bus

I understand that the Redborne SSP together with the student’s school hold joint ‘duty of care’ during

the event. The Lower/Primary school staff hold sole ‘duty of care’ before and after the event has finished.

| I give my permission for my child's photograph to be taken and used for publicity purposes in newsletters/websites/social media to promote sport. School - please add ‘X’(formerly Twitter) handle, facebook link and/or school website addressRedborne School Sport Partnership - ‘X’ (formerly Twitter) @RedborneSSP  | **YES / NO** (Please circle) |
| --- | --- |

Parent Signature: ……………………………….........…………..................... Date: ………………………………….

Emergency contact number: .....................................................................................................

Medical conditions and medication (e.g. Asthma/allergies).......................................................

Does your son/daughter have an Epipen? **YES / NO** (Please circle)

If **YES,** what is the Epipen for? …………………………………………………………………………………..................