

SIBFORD GOWER ENDOWED PRIMARY SCHOOL

Acre Ditch, Sibford Gower, Banbury, OX15 5RW

Tel: 01295 780270 Email: office.3005@sibford-gower.oxon.sch.uk

Headteacher: **Ms Jane O'Sullivan**



Tuesday 9th February 2016

Dear Parents,

I am writing to let you know that your child has been invited to take part in the Warriner Family Year 5/6 Hockey tournament, organized by the North Oxfordshire School Sports Partnership (NOSSP).

This event will take place at **Bloxham Independent School** on **Friday February 26th 2016**, and will run from **1.30 until 4.30 p.m.** Please arrange for your child to be collected from Bloxham Independent School (not the primary school) at the end of the tournament. We would also be very keen to hear from any parents with DBS clearance who are able to help to transport the children to Bloxham School, departing Sibford Gower Primary School at 12.30 p.m. Please indicate if you are able to help on the attached consent form.

The children will be provided with a kit and hockey sticks for the tournament, but it is **essential** that the children bring with them the following items:

- Trainers suitable for artificial grass (astroturf)
- Shin guards and a mouth guard.
- It is strongly recommended players also wear padded gloves where possible.
- Full water bottle.
- A jumper or track suit top for when they are not playing.

I would be very grateful if you could let me know of your child's availability for the tournament by returning the attached consent form as soon as possible, and no later than **Monday 22nd February**.

Please let me know if you have any questions or concerns about these events.

Best regards,

Carrick Cameron
Maple Class Teacher and P.E. Co-ordinator

Boys Squad: Jack, Max, Tom, Barney, Ben, Daniel F.

Girls Squad: Evie, Eppie, Poppy, Thea, Charlotte, Sienna

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NAME:

EVENT: N.O.S.S.P. YEAR 5/6 HOCKEY AT BLOXHAM INDEPENDENT SCHOOL

Parental/Guardian Consent Form

I have read the proposed itinerary, activities, financial and general information for this visit and agree to my son/daughter named above attending and participating fully in the proposed activities.

Please indicate whether your child is able to participate the event by ticking the box:

I agree to my son/daughter receiving any and all emergency medical treatment, including anaesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance should the need arise.

I understand that all reasonable care will be taken to ensure the safety of my son/daughter. I accept that the School's insurance does not cover personal accident or injury or damage/loss to personal property unless it can be shown that this is due to negligence of the employees, helpers and assistants. I understand that insurance against personal accident and loss or damage to personal property is my responsibility.

Signed:
(Parent/Guardian)

Date:

Name (Please print):

I am able to help to transport children to Bloxham Independent School for the event.