



9th January 2019

Dear Parent/Carer,

Lewisham Borough Years 3 & 4 Basketball Tournament

Childs Name: _____

On **Thursday 17th January 2019**, St George's will be taking part in a year 3 & 4 Lewisham Basketball tournament and I am pleased to say that your child has been selected to play.

The tournament will take place at **Lewisham Thunderdome, Stockholm Road SE16 3LP**. We will leave school at 11.15am and travel by train and bus from Forest Hill to Stockholm Road returning to school by 4.30pm. You will be notified if the return journey is delayed.

Please make sure your child wears their **winter P.E kit and trainers/astros** (NO STUDS PLEASE).

Your child will need a healthy packed lunch (please do not give them sweets, cakes, fizzy drinks or glass bottles). If your child is entitled to a **FREE** school meal and you would like the school to provide them with a packed lunch (this will contain a sandwich, piece of fruit and drink) please indicate on the return permission slip.

If your child is able to play, please complete the form below and return to school by **Monday 14th January 2019**.

Yours sincerely

Emma Michell
School Sports Coordinator



Reference Lewisham Borough Year 3 & 4 Basketball Tournament

I am happy for my child to take part in the Lewisham Basketball tournament on Thursday 17th January.

My child is eligible for a school packed lunch and I would like the school to provide them with one.

Any medical conditions

2. Medical Consent whilst on trips:

I GIVE consent to the giving of **urgent** medical or surgical treatment to my child which may be considered necessary by the medical authorities during the school trip/event

I DO NOT GIVE consent to the giving of **urgent** medical or surgical treatment to my child which may be considered necessary by the medical authorities during the school trip/event

3. PHOTOGRAPHIC PERMISSION

Permission for child’s photograph to be included on website or used for publicity purposes (e.g. an article and photograph appearing in a local newspaper or Lewisham Council booklet.

I GIVE permission for my child’s photograph to be included on the website.

I DO NOT GIVE permission for my child’s photograph to be included on the website.

I GIVE permission for my child’s photograph to be used for publicity purposes.

I Do NOT GIVE permission for my child’s photograph to be used for publicity purposes.

Parent/Carer Signature

Date