The Meadows Primary School

Play Together, Learn Together, Achieve Together.

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Headteacher: Mrs Karen Morris
Deputy: Mrs Angie Jones

Friday 27th October 2024

Dear Parents,

Re: Cross Country – The Marches School

Your child has expressed an interest in taking part in this year's Primary School Cross Country event. The event will be held at **The Marches School** on **Thursday 3rd October 2024** at **4:00pm** and will be finished by **5.00pm**.

We are asking that parents are responsible for taking their child to the event (in time for a 4.00 p.m. prompt start) and collecting children from The Marches at the end of the event at 5.00p.m. This year, parents and carers are permitted to spectate from a spectators' area on the Marches Sports Field.

We do have limited places available on the school minibus to transport children to the event, for a maximum of fourteen children, whose parents are unable to get to school for 3.15pm. However, the children will still need to be collected from The Marches at 5.00 p.m. If you would like your child to be taken to The Marches, please complete the slip below. **The event will start promptly, so it is important children, and all parents are at The Marches in plenty of time in order to register and prepare for their race.** The children will get changed at school and be ready for you to collect at 3:15pm.

The children should wear a pair of old trainers (or running spikes if they have them), as they may get muddy, a pair of dark jogging bottoms, a white t-shirt and their school jumper. They will also need to take a drink along with them **and inhalers if they have asthma**. The children will be supplied with a school vest whilst running, **please leave these with the members of Meadows staff accompanying the children before leaving the event.**

Yours sincerely,

Mrs Jo Peebles
P.E. Co-ordinator

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Cross Country Thursday 3rd October 2024

I give permission for my child _____to take part in the Cross Country Events.

I would like my child to be transported to The Marches School (I will collect them at 5.00pm) **Yes/No** (delete as appropriate)

Emergency Contact 1: Name: _____ Tel No: _____

Emergency Contact 2: Name: _____ Tel No: _____

Does your child suffer from any medical condition e.g. asthma or any other condition requiring medication? Yes/No (delete as appropriate)

Signed: _____ (Legal Parent/Carer/Guardian) Date: _____

Print name: …….. Relationship to Child: …….