COUNTESS GYTHA PRIMARY SCHOOL

West Camel Road
Queen Camel
YEOVIL
Somerset
BA22 7FF

Tel: 01935 850345
Email: office@countessgytha.ppat365.org
Web: www.countessgythaprimary.co.uk

29th January 2025

Dear Parents,

Your child has expressed an interest to take part in a Cross Country event at Bucklers Mead Academy on Monday 10th February 2025.

Please can you indicate below if your child may participate and you are able to arrange transportation.

Please could we ask that children arrive at least 15 minutes before the start time of their respective race. Please check the timings for the different groups below:

Year 2 / 3 Girls – 4.10pm	Year 4 Girls – 4.30pm	Year 5 / 6 Girls – 4.50pm
Year 2 / 3 Boys – 4.20pm	Year 4 Boys – 4.40pm	Year 5 / 6 Boys 5.00pm

Parents will have responsibility of their child at this event. The reason for this is because we will only have 1 adult representative (Mr Bunter) attending.

Please return the attached consent form by **Wednesday 5th February**, even if your child is unable to take part, so that I know we have enough participants to enter.

Kind regards,

Mr Gallagher

Cross Country Event, Bucklers Mead Academy on Monday 10th February 2025.

Name of Child _____

I understand I have responsibility of my child at this event and Mr Gallagher will be attending.

Can arrange transportation: ☐ Unable to attend ☐

Please tick and add details:

Countess Gytha Primary School - VISITS FORM

PLACE TO BE VISITED**:**	**Bucklers Mead Academy, Yeovil**
PURPOSE OF VISIT:	**Cross Country Event**
GROUP BEING OFFERED THE VISIT**:**	**Selected Children**
NAME OF GROUP LEADER:	**Mr Bunter**
METHODS OF TRANSPORT:	**Parents to organise transport & responsible for child**
DATE, TIME AND PLACE OF DEPARTURE**:**	**Monday 10th February 2025**
DATE, TIME AND PLACE:	**Begins at 4pm (see race times)**
CLOTHING, FOOTWEAR AND EQUIPMENT:	**PE Kit and suitable warm clothing**
ARRANGEMENTS FOR MEALS/ REFRESHMENTS**:**	**Named water bottle / snack**
EMERGENCY CONTACTS**: SCHOOL 01935 850345**	

The school retains the following rights:-

a) to withdraw any pupil at any stage from the above visit if deemed necessary and
b) to make changes in the above details subject to conditions.
c) to cancel the visit should contributions not be forthcoming.

Please make any further enquiries to the named Group Leader.

✂.....

PARENTAL CONSENT FORM - PLEASE SIGN AND RETURN THIS PART TO SCHOOL

Child's Name…… Class . **……..** Year **…….**

ACTIVITY: - Cross Country Event at Bucklers Mead on Monday 10th February 2025

As parent of . . . . . I have read, fully understood and am satisfied with the details supplied about the mentioned activity and agree to my son/daughter taking part in it.
I know of no medical reason why he/she should not participate.

I am aware that:-

a) except for visits abroad, insurance arrangements are the same as for pupils in school, ie that the Authority only provides cover against proven or agreed negligence by the Authority and its employees;
b) I should consider making my own arrangements for personal accident cover for my son/daughter for school activities in the UK.

Photo Permission Please Indicate
I give permission / I do not give permission for my child's photograph to be taken.

Signed ..... Date . . . . . .

Emergency contact number so that we can contact you if necessary: Tel……