

14th September 2021

Dear Parent / Carer,

Sheffield City Schools Cross-Country

I am writing to you as your child has expressed an interest in competing in the Sheffield City Secondary Schools Cross Country events that will be taking place throughout the winter. A number of Schools host the events that take place throughout the city, please find details of the dates and locations listed below:

Date	Time	Venue
Sat 25 th Sept 2021	10am	High Hazels Park
Sat 9 th Oct 2021	10am	Norfolk Park
Sat 6 th Nov 2021	10am	Bradfield School
Sat 20 th Nov 2021	10am	Longley Park
Sat 11 th Dec 2021	10am	Castle Dyke
Sat 15 th Jan 2022	9.30am *please note earlier start*	City Championships, Graves Park

Although a member of teaching staff will always be present at events, competitors are expected to make their own way to and from races and have parental supervision. The first race begins at 10am so pupils should arrive in plenty of time in order to warm-up and familiarise themselves with the course. In recent years we have had some real individual successes and hope to continue this during this academic year.

I would appreciate it if you would provide consent for your child to compete at the events, and for pictures to be taken to be used in school and on the school website as well as the SFSS website. I look forward to seeing you throughout the course of the season.

Please feel free to contact me if you have any further questions.

Yours faithfully,

Miss Richards
 Physical Education Teacher
KRichards@forgevalley.sheffield.sch.uk

REPLY SLIP
Please return to pupil reception by Wednesday 22nd September 2021
FAO Miss Richards

I give permission for my child (name)..... Form
to take part in the Sheffield Schools Cross Country events during this academic year (2021-2022).

I understand that my child must be supervised by a parent / carer at the event.

I **give/do not give permission*** for my child to be included in any photographs taken at events

I **give/do not give permission*** for my child to receive emergency first aid, medical care by a doctor or hospital in the event of an accident.

If there is any medical information about your child which you feel we ought to know that may affect your child's participation in these events then please specify below:

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Signed (Parent/Carer):Date:

Emergency Contact numbers on the day

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