



St Peter's Catholic High School

JAC/ABA

A Specialist Visual Arts College



27th September 2016

Dear Parent/Carer,

Your son/daughter has been selected to participate in the Wigan Athletic Community Trust's 'Just Join In' festival day in conjunction with WLCT Sports Development, the Wigan School Games Organisers and Wigan Youth Zone. The day aims to celebrate the sport of football and allow further opportunities for participants who have a disability.

The festival will take place on **Thursday 20th October 2016** from 10:00 am and will finish at approximately 2.30 pm. The event will take place at **Lucozade Powerleague Wigan (Soccerdome), Stadium Way, Wigan, WN5 0UN**. We will be back at school in time for the end of the day and the school buses.

Your son/daughter will need to take a packed lunch and enough refreshments to last the day. Pupils will be expected to wear full school PE kit and trainers. **Pupils need to bring extra warm clothing as the Soccerdome is notoriously cold at this time of year.** Pupils need to **meet in the dining hall** at the **end of registration** in their **PE kit** so we can leave on time (full uniform is not needed).

Please complete the reply slip below if you give permission for your child to participate in this event. Do not hesitate to contact me should you require further details.

Yours sincerely,

A Jackson
A Jackson (Miss)
Head of PE

To: Miss Jackson,

I/We give my/our permission for my/our son/daughter _____ Form _____
to attend the 'Just Join In' football day at Lucozade Powerleague Wigan (Soccerdome) on Thursday
20th October 2016.

IMPORTANT: I/We do allow/do not allow for photographs and films to be taken of my child during this event.

I/We agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I/We understand the extent and limitations of the insurance cover provided.

Signed _____ Parent/Carer Date _____

Emergency telephone number _____

Please summarise any key medical needs that you think need to be known for this trip:

Howards Lane, Orrell, Wigan WN5 8NU

Tel: 01942 747693 Fax: 01942 747 694

Email: enquiries@admin.saintpetershigh.wigan.sch.uk

Web: www.saintpetershigh.wigan.sch.uk

Headteacher: Mr. A. McGlown M.A. (Oxon) N.P.Q.H