



ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.

Coronation Avenue, Wilford, Nottingham NG11 7AB

☎ 0115 9152961 Fax 0115 9152962

Email: admin@st-patricks.nottingham.sch.uk

Website: www.st-patricks.nottingham.sch.uk



Headteacher: Mrs T Lane

15th May 2018

Dear Parents/Carers,

CLASS 5 : HIGHLAND SPRING SCHOOLS TENNIS FESTIVAL 2018

Year 5 will be taking part in the Highland Spring Schools Tennis Festival on **Wednesday 13th June 2018**. This festival is part of the Nature Valley Open Nottingham tennis event, a pre-Wimbledon grass court event starring international players taking place at the Nottingham Tennis Centre.

Children will be part of an exciting tennis programme from the LTA; Mini Tennis uses smaller courts, nets, rackets and lower bouncing balls and offers the perfect introduction to tennis. The tailored approach enables players to develop vital skills and techniques at an early stage.

From midday to 1.30 pm children will take part in the Competition Zone, where they will learn the basic rules of the game. They will also develop racket and ball control in the Skills and Thrills Zone. The Coaching Zone will be led by LTA licensed coaches and sports leaders with a focus on the Mini Tennis Rally Award. If the weather is good the children and staff will leave school mid-morning and eat their lunch in Highfields Park at the University of Nottingham before walking the short distance to the Tennis Centre.

Later in the afternoon children will be entertained by coaches and leaders with a 30 minute 'Showtime' performance. Children will also learn about spectator etiquette and have a chance to sit and watch the international players compete on the grass courts.

As usual, school tries to keep the cost of visits as low as possible, however, we are asking for contributions of £2.18 per child to cover the cost of the tram ticket, **if your child has a tram season ticket please indicate on the return slip that they will not require a ticket to be bought for them.** Unfortunately, due to financial restraints if we do not receive sufficient contributions this trip may not go ahead.

- Children will need a packed lunch, no nuts, fizzy drinks or glass bottles please. **However, if your child is eligible for free school meals, a packed lunch will be provided by the School.**
- Children must come to school in a school PE kit – green shorts and a white polo shirt with a school jumper or cardigan. If the weather is cold children will be allowed to wear black or grey tracksuit bottoms.
- Children should wear suitable footwear, trainers or plimsolls, not school shoes.

In the event of bad weather there is a wet weather plan with will take place indoors. We will be back in school before the end of the school day.

We are looking forward to a great day!

Mrs Slight
Deputy Headteacher

✕-----

To School Office, St. Patrick's Catholic Primary & Nursery School, Wilford

CLASS 5 : NOTTINGHAMSHIRE SCHOOLS TENNIS FESTIVAL 2018

I enclose £2.18 to cover the cost of the tram ticket

My child has a tram season ticket and will bring it on the day of the trip)

Signed _____ Parent of _____ (Child's name)



ST PATRICK'S CATHOLIC VOLUNTARY ACADEMY

CONFIDENTIAL CONSENT FORM FOR YOUNG PEOPLE



1. CONSENT FOR PARTICIPATION IN THE VISIT:

Name of Establishment/Group: **St Patrick's Catholic Voluntary Academy – Class 5**

Visit to: **Visit to Highfields Park, University Boulevard, Nottingham NG7 2RD and Highland Spring Schools Tennis Festival, University Boulevard, Nottingham NG7 2QH**

Date(s) / Times: **Wednesday 13th June 2018**

I agree to my son/daughter: _____ (name) taking part in the above-mentioned visit. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. MEDICAL INFORMATION, DECLARATIONS AND CONSENT:

a) Son/daughter's date of birth: _____

b) Does your son/daughter suffer from any conditions of which the staff leading the visit should be aware:

YES / NO

Please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies etc: _____

c) Details of any medication

| Name of medication | Dosage | Times of day or circumstances to be given | Method of administration |
|--------------------|--------|---|--------------------------|
| | | | |

Any special precautions, side effects of medication etc: _____

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavor to respond appropriately should emergency treatment be required.

I give my consent ** for son/daughter to self-administer the above drugs.

** Delete if not applicable

d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious?:

YES / NO

If YES, please give brief details: _____

e) Is your son/daughter allergic to any foods or medication: YES / NO

If YES, please specify: _____

f) When did your son/daughter last receive a tetanus injection?: _____

g) Please outline any special dietary requirements of your child: _____

h) I undertake to inform the group leader/head of establishment as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

i) I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. CONTACT NUMBERS:

a) I may be contacted by telephoning the following numbers:

Work: _____ Home: _____

My home address is: _____

b) If not available at home, please contact:

Name: _____ Telephone Number: _____

Address: _____

c) Name, address and telephone number of family doctor: _____

4. ANY OTHER RELEVANT INFORMATION:

5. SIGNATURE:

Signed: _____ Date: _____

Full name (capitals): _____ Parent/Guardian

1 copy to be held by the Establishment
1 copy to be taken by Leader on the visit