



Contact me:

cbolton@thecvhs.co.uk

Colne Valley high school: 01484 848680 ex. 617

Dear Parent/Carer

17<sup>th</sup> Jan 2023

On behalf of Colne Valley High School I would like to invite your child to our annual **Year 5 'Try it Tuesday'** sporting event.

'Try it Tuesday' is an opportunity for your child to visit Colne Valley High School and take part in a wide range of sporting activities such as;

- Table Tennis
  - Hockey
  - Sitting Volleyball
  - Basketball
  - Boccia
  - Badminton
- and much more

The event will take place on **Tuesday 30<sup>th</sup> January from 4.30-5.30pm** in the school sports hall. It is a completely free of charge and children will move between the activities. Unfortunately, with some of the activities being held in the sports hall foyer there will be no space for you to stay and watch.

It is advisable that children bring a water bottle and wear suitable sports clothing and trainers. Also no Jewellery and long hair tied back please.

If your child would like to attend the event please could you return the reply slip below to your child's school office as soon as possible, **by Tuesday 23<sup>rd</sup> January at the latest** so that I will know approximate numbers attending.

**ON THE DAY PLEASE BRING THE ATTACHED EMERGENCY CONTACT SHEET AS THERE WILL BE NO MEMBER OF STAFF FROM YOUR CHILDS SCHOOL IN ATTENDANCE – PLEASE DON'T HAND IT INTO YOUR CHILD'S SCHOOL**

I look forward to welcoming your son/daughter to this exciting event.

Yours sincerely

*Claire Bolton*

Mrs C Bolton  
CVHS Sports Co-ordinator / PE teacher

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REPLY SLIP

Please return to your primary schools office by Tues 23<sup>rd</sup> Jan

**TRY IT TUESDAY Sporting event at CVHS on Tuesday 30<sup>th</sup> January**

Name: ..... School: .....

My child would like to attend the above event at CVHS.

I understand that I will be required to drop my child off/pick up my child at the start and end of the event.

Parent/Carer signature of consent: ..... Date: .....



# *'Try it Tuesday'*

**PLEASE BRING THIS FORM ON THE DAY**

PUPIL NAME.....

SCHOOL .....

PARENTS NAME .....

CONTACT NUMBER FOR BETWEEN 4.30 – 5.30PM .....

ANY MEDICAL CONDITIONS STAFF NEED TO BE AWARE OF DURING THE EVENT

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I give permission for my child to be photographed during the event.

..... date .....