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| SBS Logo.bmp | **St Bridget’s C of E Primary School**St Bridget’s Lane, West Kirby, Wirral CH48 3JTTel: 0151 625 7652 Headteacher: Mr Neil Le Feuvre Email: schooloffice@stbridgets.wirral.sch.ukWebsite: <https://st-bridgets.eschools.co.uk/site> **T**ogether **E**verybody **A**chieves **M**ore  |

![C:\Users\harlandk\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\224YR2P1\large-stick-man-running-66.6-11589[1].gif]()

![C:\Users\harlandk\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\224YR2P1\large-stick-man-running-66.6-11589[1].gif]()Our Ref: Parl 1454

15th January 2016

Dear Parents

 **Yr4, Yr5 & Yr6 Cross Country Running Club**

A new cross country running club will be starting for pupils in Years 4, 5 & 6 run by myself and one of our parents Mr Green. The club will take place after school on Thursdays from 3.30 to 4.15pm on the following dates up to half term – 21st & 28th January and 4th February.

If your child would like to attend the club please sign the attached form giving permission for them to attend.

Yours sincerely

Neil Le Feuvre

Headteacher

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 **Yr4 , Yr5 & Yr6 Cross Country Running Club**

My child ................................................................... .Class……….. wishes to attend the above club. I understand the Council is insured in respect of its legal liabilities only and there is no Personal Accident cover. In effect this means that accidents can arise for which the Council is not responsible and, consequently, not insured. (Parents/Guardians may wish to obtain suitable insurance to cover such eventualities). I understand that the teacher in charge of the club will be acting in loco parentis and may give permission for my child to receive medical treatment, which might include the use of anaesthetics.

At the end of Cross Country Running Club my child will be collected by…………………………………………………………………………… **or**

My child can walk home without adult supervision. *(please delete as applicable)*

Signature ......................................................………. Date .....................................