



Aire View Site

Elliott Street, Silsden, Keighley,
West Yorkshire BD20 0AW
T: 01535 653 290

Hothfield Site

Hothfield Street, Silsden, Keighley,
West Yorkshire BD20 0BB
T: 01535 210 666



KEIGHLEY PRIMARY SCHOOLS CROSS COUNTRY LEAGUE

Cliffe Castle

Wednesday 11th October 2017

3.30 – 4.30PM

Dear Parents/Carers

Following the great success of our previous cross country running events where over **140 children** from schools across the district took part, we are delighted that the next event in the Keighley Primary Schools X Country League will take place at **Cliffe Castle** on **Wednesday 11th October 2017**.

As the hosts, we are very pleased once again to be able to offer **all** Silsden Primary children in **Year 3, Year 4, Year 5 and Year 6** the chance to take part.

- first race (Y5/6) is at **3.30pm** so if your child is taking part, parents should come to collect their child from outside the school main entrance at **2.45pm** to transport them to Cliffe Castle.
- Children should take their running kit with them and change at Cliffe Castle (or in your car!)
- Years 3/4 girls race, Years 3/4 boys race, Year 5/6 girls race, Year 5/6 boys race (4 races in total)
- **the course** is contained entirely within the park and will be run on **grass and mud!**
- approximately **one mile** (a little less for Y3/4 children)
- a tremendous round of **applause** and **great sense of achievement** for all finishers
- a **result sheet** to show position and a **race certificate** of achievement

Please complete the **consent slip**, indicating that you give your permission for your child to take part and return this to school **by Monday 9th October 2017** together with a **£1 contribution** towards the cost of hosting this event.

Your child will be given an **envelope to bring home**, containing a **race number and safety pins** (if they do not already have one) – this is their personal number, which they can use in **all subsequent school races**. Before they race, they need to **pin their race number** onto the top that they will be running in (t-shirt/sweatshirt), so that it is visible during the race. Children, please do not swap race numbers or give your number to another person because this will affect the results - if you do lose your number, please let us know.



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This is an after-school event and as such, parents are responsible for transporting their children to and from the event and for their safety during the event.

If your child uses an inhaler or has any other medical requirements, please could you record the relevant information on the sheet attached and ensure that they bring everything they need with them to the event.

Your child will need to be **dressed appropriately**:

- trainers or fell shoes - pumps are not suitable
- suitable clothes to run in
- clothes to stay warm before and after running (including waterproof jacket if wet weather)
- a named water bottle and snack (if desired)

We are always grateful for any **additional help**. The route of the course will be marked with tape, but if there are any **parents/carers who would be able to help marshal** (stand at strategic points around the course), that would be a great help and also give extra encouragement to the children running.

This is a very exciting venture for us and we hope that as many Silsden Primary children will be able to take part as possible and help build on Silsden's strong running tradition.

The race will only **NOT** take place if weather conditions make it hazardous to do so. In this event, parents will be informed by text.

Thank you for all your support.

Yours faithfully

James Procter
Co-headteacher



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I give permission for my child _____ Class _____
to take part in the above event.

- I understand that **I am responsible** for transporting my child to and from the event and for my child's safety at all times during the event.
- (If you have made an arrangement for another parent to take your child to and/or from the event, please state this in a note below)
- I will ensure that my child is **appropriately dressed** (wearing their race number)
- My child has the following **medical requirements**:

_____ and I will ensure they bring any
medication they need with them.

- **I am able to help at the above event.** Yes No
(Please tick)

Signed: _____ (Parent/Carer)