**Bonnells Bay Public School**

***Safe, Respectful, Engaged Learners***

30 April 2019 **PSSA Soccer Knockout Competition**

As part of the sports program this year, your child has the opportunity to attend the PSSA Soccer Knockout Competition. The first round will be against Wyee Public School.

**Date:**  **Wednesday 8 May 2019.**

**Venue:** Bernie Goodwin Oval.

**Time:** Arrive at oval by 9:00am. Students will return to school by 11.00am for normal departure.

**Transport:** Private transport. (Mr Green/Other Parents)

**What to bring:** Students will need to bring soccer boots, shin pads, socks, water bottle, hat and sunscreen.

 A Soccer jersey will be supplied on the day which needs to be washed and brought back to

 school.

**Cost:** $4.65 for cost of field hire. **If you have already paid you don’t need to pay again.**

**Due Date**: Notes to be returned to the office by Tuesday 7 May 2019

We are looking for a parent who is willing to transport four students so that the whole team can attend. Please indicate on the slip below if you are able to transport other students.

Kind regards,

Mr Michael Green

Teacher Soccer Coordinator

✂……………………………………………………………………………………………✂

Return this section to the school office by Tuesday 7 May 2019

**PSSA Soccer Knockout Competition**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in class \_\_\_\_\_\_ to participate in PSSA soccer Knockout Competition at Bernie Goodwin oval on Wednesday 8 May 2019.

I understand he/she will be driven by private transport by a school representative and/or a parent.

    I am able to provide transport for \_\_\_\_students both ways to Bernie Goodwin Oval on Wednesday 8 May 2019.

    I have completed an appendix 5 volunteers form held at the school office.

    I am unable to transport my child to the venue.

Special needs of your child of which we should be aware (eg. Allergies etc)

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To the best of my knowledge, my child has no medical condition, physical disability or injury which puts him/her at risk in participation in the sport.

Payment Method: Cash/Cheque EFTPOS Online: Receipt No:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

**Medical Disclaimer**

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.  Parents and caregivers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

**Privacy Notice**

The information provided on this form by you is being obtained for the purpose of this excursion.  It will be used by the NSW Department of Education in the case of emergency. Other persons and or agencies maybe provided with this information for the purpose of emergency care. Provision of this information is required by law. It will be stored securely. You may correct any personal information provided at anytime by contacting 4973 1149.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver to sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_