**Primary Sport Term 2 – PSSA Soccer**

Wednesday 4th April, 2018

Dear Parents/Guardians,

Congratulations, your child has been selected to represent Newcastle East Public School in the Newcastle PSSA (Primary Sporting Schools Association) Friday Soccer Competition. This competition will run during primary sport time every Friday in Term 2, 2018 (commencing Week 2).

|  |  |
| --- | --- |
| **Venue:** | * **Myer Park**   Glebe Rd, Adamstown 2289 |
| **Dates:** | * **Friday 11th May – Friday 6th July** |
| **Cost:** | * **$30 -** this cost covers bus fares and ground hire for the term |
| **Students involved:** | * Junior team (15) & senior team (15) |
| **Supervising teacher:** | * Mr Daniels |
| **Transport:** | * Bus |
| **Time:** | * Buses depart NEPS at 12:30pm for 1:00pm games * Students return to NEPS by 2:45pm |
| **Uniform/Equipment:** | * Full sports uniform * Sunscreen and school hat * Long socks, shin pads and soccer boots * Water bottle * Asthma puffer if needed |
| **Additional information:** | * Primary lunch time will be amended to 12:20pm on Fridays to allow for early bus departure * Shin pads and soccer boots **must be worn during play.** We have a tub of second-hand boots at school and students are welcome to take a pair from here if needed. * Permission notes and payment **due end of Week 1, Term 2 – Friday 4th May** |

Laura Kirkman - Sports Coordinator

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Permission & Medical Note

I give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class \_\_\_\_\_ to travel by bus to and from Myers Park, Adamstown to participate in the Newcastle PSSA Soccer Competition each Friday in Term 2, 2018 commencing Week 2 (11.5.18-6.7.18 inclusive).

I give permission for my child to receive medical attention if necessary.

I have included a payment of $\_\_\_\_\_\_\_\_.

I have paid online. My POP number is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Special needs of my child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this slip and payment to the office by Friday 4th May 2018.***