



Monday, 19th July 2021

PSSA Girls Touch Football - Merimbula PS vs Tathra PS

Dear Parents/Grandparents and Caregivers,

Your child has been selected to represent our school for the Girls PSSA Touch Football Knockout Competition. The first game (Round 2) will held on **Friday, 23rd of July 2021**, at Merimbula Public School. As per Department of Education guidelines, whilst we are able to play sporting knockouts against other schools (in Level 2 areas), we **are not permitted to have spectators on site** to watch the game.

Uniforms will be supplied to students at school before we commence our game (shirt/shorts/socks). Students are to wear appropriate footwear. Light leather or synthetic boots with moulded soles are permitted, provided studs are no longer than thirteen millimetres (13mm) in length. (No spikes are to be worn or shoes with sharp edges. Moulded boots are to be worn only, if runners are not worn. Students may wear skins under their shorts if they like. They will also need to bring their own labelled drink bottle to use during the game. Students must remove all jewellery and other ornaments likely to cause injury, prior to the game. Students must also keep their fingernails short. Long fingernails should be taped.

Any student who requires asthma or anaphylaxis medication (EpiPen) needs to identify their medical requirements on the permission note below and the teacher in charge will ensure they have their prescribed medication.

Please sign and return the attached permission note by **Thursday 22nd of July** to the office. If you have any questions, please contact me at the school.

Regards
Ms Melissa Murray
Touch Football Coordinator

PSSA Touch Football MPS vs Tathra PS - Girls team.
Please return to the office by Thursday 22nd of July

Dear Ms Murray,

I give permission for my child _____ of class _____ to attend the PSSA Touch Football match to be held at Merimbula Public School on **Friday, July 23rd 2021**. I am also aware that although the sport is a low contact activity, there is a risk of injury.

My child requires an asthma puffer or EpiPen: Yes No

Details: _____

Other medical/support needs: _____

Parent/ Caregiver name: _____ Signed: _____

Date: _____ Contact Ph: _____