



Wednesday 22nd May 2019

Round 3 Boys' PSSA Soccer Bermagui PS

Dear Parent/Grandparent/Caregiver,

Round three of the PSSA soccer competition is set to be played on Tuesday 28th May 2019 against Bermagui PS at Dalmeny Oval. It is Bermagui's home game and as they do not have a soccer field they play all their games at Dalmeny. The game is scheduled for a 10.30am kick-off. Students will be required to arrange their own transport to and from the game. Leaving Merimbula at 8:30am would leave adequate time for travel and warm up.

- Date:** Tuesday, May 28th 2019.
- Where:** Dalmeny Oval, Dalmeny.
- Time:** 10:30am. (Arrival Time: 10.00am)
- Cost:** \$2 (this provides payment for officials)

Match shirts will be provided but students will need to bring their own boots, shin pads and green club socks if they have them. Shin Pads are compulsory and any student without them will be unable to play. We are asking that each student provide \$2 that will be used to pay for the officials on the day. Students should be wearing school uniform, a broad brimmed hat and must have their own drink bottle/lunch/snacks. Any student who requires asthma or anaphylaxis medication (EpiPen), must carry this with them.

Please complete and return this note with payment to Mr Hughes by Friday 24th May, 2019.

Regards,
Adam Hughes

Permission slip for PSSA Soccer Vs Bermagui PS (Please return to Mr Hughes by Friday 24th May 2019)

Dear Mr Hughes,
I give permission for my child _____ of class _____ to attend the PSSA Soccer game vs Bermagui PS at Dalmeny Oval on Tuesday, May 28th 2019.

- I will transport my child to and from the match in Dalmeny.
- My child will be traveling with _____ to and from the match in Dalmeny.
- I cannot arrange transport for my child and they will require transport to and from the match in Dalmeny.
- I can provide transport for _____ additional students who do not have transport to and from Dalmeny: I have a Working With Children Check and Comprehensive Insurance.

My child requires an asthma puffer or EpiPen and will travel with their personal medication Yes No
Details: _____

Parent/Carer Name: _____ Signed: _____

Contact Ph: _____ Date: _____