

Monday 9<sup>th</sup> May, 2022

## **PSSA Tennis Knockout**

Dear Parent/Caregiver,

Your child has been selected to represent Merimbula Public School in the PSSA Tennis team. Our first game will be played at Merimbula Tennis Courts on Wednesday, 18<sup>th</sup> May 2022 against Pambula Public School. Students will leave school after the morning bell and walk to Merimbula Tennis Courts for the matches. They will walk back to the school when the games are complete.

All students should wear their sports uniform and well-fitting joggers. They will need to bring their own tennis racquet, water bottle and a snack. A school tennis shirt will be provided for them on the day.

Date:	Wednesday, 18 <sup>th</sup> May
Where:	Merimbula tennis Courts
Time:	10am, we will leave school after the morning bell and walk to the courts. We will return to school
	before recess.
Cost:	Nil

<u>Students with asthma are required to take their medication with them.</u> Please complete and return this note by Friday, 13<sup>th</sup> May 2022.

Kind regards, Vanessa Bain Tennis Coordinator

> Permission Slip for PSSA Tennis verse Pambula PS (Please return to the school office by Friday, 13<sup>th</sup> May)

Dear Teacher/s,

I give permission for my child \_\_\_\_\_\_\_ of class \_\_\_\_\_\_ to attend the PSSA Tennis Knockout match against Pambula Public School at Merimbula Tennis Courts on Wednesday, 18th May 2022.

"I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at the event. I confirm that my child will not attend if displaying any symptoms of illness and/or if directed to isolate under NSW Health orders". I understand that I need to sign in and QR in at the office before attending the classroom each time.

My child has medical needs: Yes Do Details:

Name (Parent/Grandparent/Caregiver):
Signed:
Date:
Date:
Emergency ph:
Emergency ph:
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