



Valley View Public School

Respect, Responsibility, Personal Best

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17 May 2021

BOYS SOCCER TEAM 2021

Dear Parent/Carers,

Your child is requested to take part in Round 3 of the PSSA Boys Soccer knockout as a member of the Valley View Boys Soccer Team.

Date: 24 May 2021

Venue: Alan Davidson Oval, Wyoming

Time: 11:00 am Kick off.

Cost: \$1 to cover referee fees.

Please ensure your child has sunscreen, a hat and they must wear school sports shorts (navy), appropriate footwear (soccer boots) and shin pads on the day. We will provide students with a soccer jersey and socks.

Students will be walking to and from the oval with staff supervision. Mr Keyes will be supervising the boys during the game.

Please sign and return the acceptance form below as soon as possible.

Yours sincerely,

Mr Keyes
Coordinator

Kirsty Squires
Principal

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BOYS SOCCER TEAM 2021

My child.....Class.....will / will not be participating in this year's Boys Soccer Team.

We understand the expectations of my child to follow school values and school rules.

We understand that there may be training sessions during their lunchtime and afternoon tea.

VALLEY VIEW PUBLIC SCHOOL- PERMISSION NOTE

PLEASE FILL IN AND RETURN TO YOUR CLASSROOM TEACHER

BOYS SOCCER TEAM – GAME 2

I hereby consent to my son/daughter Year Class.....
to participate in the Boys Soccer Team Game 2 at Alan Davidson Oval Wyoming on 24 May 2021.

- I understand students will be walking with staff to and from the oval with teacher supervision.
- I understand that there is \$1.00 to cover referee fees, please pay to teacher on the day.
- I understand that a written permission note must be given to the organising teacher if your child is travelling home/being picked up by another parent. Name of Parent picking up your child
- I understand that this permission slip will cover this event/date and any other date **relating to this event** that is changed due to circumstances beyond the schools control

Parents please note there is no personal injury insurance provided by the NSW Department of Education and Training 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 your child should attend, whether additional insurance cover, above that provided by Medicare, is required.

Signed Date
Parent / Caregiver

Medical Information Form – this section MUST be filled out

Parent / Caregiver details:

Name.....

Address.....

Phone: Home Work Mobile

Medicare Number

I do / do not give permission for my child to receive medical treatment in case of emergency

Doctor details:

Name

Address.....

Phone: Home Work Mobile.....

Emergency Contacts: (if parents are unable to be reached)

Name Phone.....

Name Phone.....

Existing medical conditions or illnesses: (asthma, diabetes, epilepsy, allergies, etc) Outline treatment -

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Outline **special dietary needs** including possible reaction to inappropriate diet -

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Medications to be administered during the excursion: Include name, instructions and time for administration and any possible reactions -

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Signature **Date**

Privacy Notice: The information provided on this form is being obtained for the purpose of safety on the excursion. It will be used by NSW DET for obtaining medical assistance if required. Provision of this information is required by law. It will be securely stored.