



Murrurundi Public School

Established 1849

NSW PSSA KNOCKOUT COMPETITION

Your child has shown an interest in participating in the NSW PSSA KNOCKOUT COMPETITION to play Football (SOCCER).

- When: WEDNESDAY 25TH MAY 2022, 12:00PM
TIME TBA
- Where: GLEN WILLOW SPORTS COMPLEX MUDGEE
- Who: We will be playing another small school from Orange called SPRING HILL PUBLIC SCHOOL.
- What: SOCCER. If we win the match we go on to play other schools until we are "knocked out".
- Transport: I have arranged the hire of a small bus from Scone RSL however we need a driver. If you are able and willing to be the driver (regular licence) can you please contact me ASAP.
- Bring: All food/lunch and plenty of water.
- Uniform: School SPORT uniform, football boots (not essential) OR joggers, hat. Socks and shin pads will be provided.
- Cost: \$0
- Supervision: Mrs Foley
- Questions: If you have any questions regarding this excursion, please do not hesitate to contact **Mrs Foley**.

Please return the **attached slip** to the school office no later than **Monday 23RD MAY**

Please note that verbal permission will not be accepted and students without this permission slip will not be able to attend.



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PLEASE RETURN TO THE SCHOOL OFFICE NO LATER THAN **MONDAY 23rd MAY**

NSW PSSA KNOCKOUT COMPETITION

- I give permission my child _____ of Year ____ to attend the excursion to **MUDGEES** on **WEDNESDAY 25TH MAY** to play Football (SOCCER).
- I understand that travel will be via **BUS**. Please complete ONE of the following;
 - I am **ABLE** to DRIVE THE BUS.

Important Medical information:

I give / do not give (please circle) permission for my child to receive medical treatment in the case of emergency.

Parents please note there is no personal injury insurance cover 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 associations when deciding whether additional insurance cover, above that provided by Medicare, is required.

My contact number for emergencies on this date _____

Signed: _____ Date: _____