4th March 2015

Dear Parents

This term Years 5 and 6 will be representing Sacred Heart Catholic School at the Peninsula Catholic Schools Soccer Gala Day, run by Manly Warringah Football Association.

**WHEN:** Thursday 26th March 2015
**TIME:** Be at school by **8.45am** for buses leaving at 9am. Students will return to school by 2:50pm.
**WHERE:** Pittwater Rugby Park, North Narrabeen
**TRANSPORT:** The school will provide buses for students.
**NOTE:** **TO BE ABLE TO ATTEND WE WILL NEED PARENT MANAGERS FOR EACH TEAM.** Parent Helpers will be needed from 9:30am till 1:30pm

**IMPORTANT:** Please complete and return the permission form by Wednesday 18th March 2014

**Uniform**
Children are to wear full school sports uniform.
Children are also required to wear **protective shin pads and long socks** on the day.

**Parent Managers**
Your role on the day will be to rotate the children each game so that each child gets an even turn. You will not be required to umpire.

**Wet Weather**
If the day is called off due to wet weather or field closure, the event will be cancelled

**Please Bring**
Warm clothes, rain gear, hat, sunscreen, lunch, drink bottle and snacks to keep up your energy level (such as dried fruits, rice cakes, muffins, etc).

Make sure you have everything organised the night before and that you have an early night.

As we have up to 10 players in each soccer team, please be aware that:

- Only 7 players will be on the field at one time.
- All players may not play every game.
- Some players might only play part of a game.

Yours sincerely,

Jemma Euers

**SPORTS CO-ORDINATOR**
GALA DAY PERMISSION NOTE

Please complete this form and return to your child’s Class Teacher no later than Wednesday 18th March.

I give permission for my child…………………………………………………………………….. Class………………………………
to travel by bus to and from the Soccer Gala Day (Yrs 5 & 6) on Thursday 26th March 2015.

I ……………………………………………….. (Parent name) can manage a team on the day………………………………..

Signed: ……………………………………………….. (Parent/Guardian)  Date: ……………………………

Medical Information:

Will it be necessary to give any medication whilst on this excursion? YES / NO (please circle)

If yes please state: ________________________________________________________________

__________________________________________________________

Does your child have any medical condition of which the teacher should be aware?

__________________________________________________________

Does your child have any allergies (eg insect bites, food)? YES/NO  If yes, please give details

__________________________________________________________

Emergency contact person for this day is ________________________________

Contact number for this day is________________________________________

Signed: ________________________________ Date: ________________________________

(Parent/Guardian)