22nd March 2016

Dear Parents,

This term **Years 3 and 4** will be representing Sacred Heart Catholic School at the **Peninsula Learning Community of Catholic Schools Soccer Cup**.

**WHEN:** Tuesday 5th April 2016
**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 30th March 2016

**Uniform** – Children are to wear full school sports uniform. Children are also encouraged 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 and you do not need knowledge of the game.

**Wet Weather** - If the day is called off due to wet weather or field closure, the event will be cancelled. Parents will be notified via the school app by 8:30am Tuesday morning, children are to attend school as normal.

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

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 Satchell

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

Please complete this form and return to your child’s Class Teacher no later than **Wednesday 30\textsuperscript{th} March.**

I give permission for my child…………………………………………………………………Class………………

to travel by bus to and from the **Year 3 & 4 Soccer Gala Day** on **Tuesday 5\textsuperscript{th} April 2016.**

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

**Medical Information:**

Does your child have any medical condition of which the teacher should be aware?  
**YES / NO** If yes please state______________________________________________________________

Will it be necessary to give any medication whilst on this excursion? **YES / NO**  
If yes please state ________________________________________________________________

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

Emergency contact **person** for this day is ________________________________  
Contact **number** for this day is_______________________________________________________

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