

THOMAS MITCHELL PRIMARY SCHOOL

Year 6 Activity - Soccer Team

18th July 2018

Your child has been selected to participate in the Thomas Mitchell Soccer Team. This game will be a trial for the VPSSA Winter Competition. We will be playing a round robin match against Timbarra PS and Mary Mackillop PS, on **Wednesday 25th July 2018**. Therefore, if our team wins we will progress further in the competition. The competition will take place at Prospect Hill Recreation Reserve, 79 Kurrajong Road, Narre Warren.

Your child will travel to and from the event by bus. Students will need to meet in the gym at 9:00am. Students will be departing Thomas Mitchell at approximately 9:10pm and will be arriving back at approximately 12:00pm. It is important that all team members are wearing school uniform. Please ensure your child brings a drink bottle.

There is a cost of for this excursion of \$8.00 to cover the bus, referee's and pitch hire. Payment is requested to be sent to school by Monday 23rd July, together with the permission form below.

If you have any questions in regards to this excursion, please contact the school at your earliest convenience.

Regards

Jonathan Hawes
Physical Education Teacher

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL - Year 6 Activity - Soccer Team Round Robin

I give permission for my child..... in class
to participate in Thomas Mitchell Soccer Team round robin competition on Wednesday 25th July 2018 at
Prospect Hill Recreation Reserve, Narre Warren.

I understand that there is a cost for this excursion of \$8.00 to cover the bus, referee's and pitch hire,
and is enclosed with this permission form.

I hereby agree that I have read, and will abide by and inform any other family members or family friends attending,
that if I intend to take photos, videos or digital images, they will only be of my child and will not be shared on social
media.

I hereby authorise the teacher in charge of this event, to consent, where it is impractical to communicate with me, to
my child receiving such medical or surgical treatment as may be deemed necessary.

My child has the following medical condition:
and requires the following medication to be administered during this activity:
.....
(a medication form has been completed and submitted to school).

Parent Name: Phone:

Signed: Dated:

Contact for day of activity: Phone for day of activity: