Soccer Gala Day 2019

Dear Parents

Children in Years 3, 4, 5 and 6 will be participating in a Soccer Gala Day, where the children will compete against other schools within the Northern Beaches Cluster of Catholic Schools.

The **Year 3 and 4 Gala Day** will be held on **Tuesday 9th April 2019 at Cromer Park Soccer Complex, Cromer**.

The **Year 5 and 6 Gala Day** will be held on **Thursday 11th April 2019 at Cromer Park Soccer Complex, Cromer**

**Time**: Be at school by 8.30am at the latest.

What to wear: Full Sports Uniform with School hat. Children are encouraged to wear Shin pads with long socks. Rubber studded football boots are permitted. Please wear your sandshoes and bring your football boots in your bag. Bring wet weather gear and a jacket.

**Please bring**: Recess, lunch, fruit break, refillable water bottle filled with water, warm clothes and rain gear, hat and sunscreen.

**Parent helpers**: We cannot attend the Gala Day without a parent manager for each team. Your role on the day will be to rotate the children in the team so they all have an even turn. You do not need to umpire and you need no soccer experience. You will be needed from 9.30am till 1.30pm. You are welcome to travel on the bus or meet us at the venue. Please indicate if you are able to assist with your child’s team.

Yours in Sport

Vanessa Wallace
(Physical Education Teacher)
Please return this section to your child’s class teacher

SOCCER GALA DAY PERMISSION 2019

I give permission for my child …………………………………………… in class ……………… to participate in the Soccer Gala Day, and to travel to and from Cromer park Soccer Complex, Cromer by bus on :-

☐ Year 3 and 4: 9th April, 2019 as detailed in this note.
☐ Year 5 and 6: 11th April 2019, as detailed in this note.

I am able to help at the Gala day: Yes/No

Please indicate your child’s soccer experience:

Current Player YES/NO Division: __________________ Club: __________________

Years Played: ____

Representative Soccer: ________________________________

MEDICAL INFORMATION

Does your child have a medical condition that the teacher should be aware of? YES/NO

If yes please explain__________________________________________________________

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

If yes please provide details __________________________________________________

Does your child have any allergies (eg insect bites, food)? YES/NO

If yes please explain________________________________________________________________

Emergency Contact for this day: Name_________________________ phone____________________

Signed: _________________________________(Parent/Guardian)

Date:_________________________