

4 June 2021

Boys State Knockout Soccer Tournament – Quarter Final Friday 18 June 2021

Your child has been selected to represent our school in this year's PSSA Soccer State Knockout Tournament. The boys' representative soccer team from Queanbeyan East PS will be playing against either Berinba PS or Goulburn West PS. The winner of this match will then progress to the South Coast semi-final match.

- When:** Friday 18 June 2021
- Where:** TBA – we will either be playing in Yass or Goulburn. **The location and time of the match will be finalised on Wednesday 16 June 2021 and will be communicated to all students at school and parents via SMS.**
- Time:** 9:00am – 2:30pm
- Cost:** Nil
- Supervision:** Staff from Queanbeyan East PS
- Transport:** Travel is to be by parent transport or students can go in by minibus driven by a school teacher
- What to wear:** Full school sports uniform (including shorts)
- What to bring:** Soccer boots or appropriate sport shoes, shin pads, long socks, warm clothing to wear, a hat, sunscreen, water bottle, fruit break, recess and lunch.
- Spectators:** Parents are encouraged to attend and support the team during the match.

Please return the attached permission/ medical note by **Friday 11 June 2021**.

Regards,

Dave Marchant
Coordinator

Danny Scott
Principal



Boys State Knockout Soccer Tournament – Quarter Final

Please return to school by **Friday 11 June 2021**

I hereby consent to my child _____ in class _____ participating in the Boys State Knockout Soccer Tournament on Friday 18 June 2021.

Transport (please tick one):

☐ **I will transport my own child** to either Yass or Goulburn for the event

☐ **I require transport for my child** to the event

Supervision will be by school staff.

If required, I consent to the supervising staff seeking any medical aid that he/she feels is necessary.

Parent/Caregiver's Name: _____

Contact phone numbers: _____ (day) _____ (mobile)

Photography Permission to Publish (please tick one)

☐ **I grant** permission for photos of activities undertaken at the PSSA Soccer Knockout Tournament that include my child to be used in publications and media reports (for educational or promotional purposes)

☐ **I do not grant** permission for photos of activities undertaken at the PSSA Soccer Knockout Tournament that include my child to be used in publications and media reports (for educational or promotional purposes)

Medical Information

Does your child suffer from any medical condition? (asthma, diabetes, epilepsy, etc.) Please note details of any medical management program that staff may need to be aware of.

Give details of any dietary considerations (vegetarian, gluten free etc.)

Give details of any medication (and dispensing routine) that your child is currently taking.

Give details of any allergy your child has to common foods, plants, insect bites, medications (eg. Penicillin)

Is there any other health related information that we may need to be aware of that may impact on any of the activities undertaken during the activity? _____

Signed: _____ **Date:** _____

"Accurate and current medical and contact information is required for the safety of students attending this activity. This information will be held by the teacher-in-charge of the excursion and will not be used for any other purpose. The information may be disclosed to other agencies in the event of an emergency or if medical treatment is required. The information will be treated confidentially and will be destroyed at the conclusion of the excursion"