



The Hills Sports High School

56 Best Road, Seven Hills, 2147 - P.O. Box 657, Seven Hills 1730

Telephone: 9622 7300 - Fax: 9831 6190

Principal: Joseph K. Allan

Dear Parent/Care Giver,

Your child has been selected to represent Hills Sports High School in the Open Boys Soccer Team to play at The Sydney West Championships.

The Championships will be held at Mount Druitt Town Centre Reserve, Ralph Street, Mount Druitt on Monday 14 March 2005. Students are to be at the venue by 7.45am and the day will conclude by 3.00pm. Students will need to make their own way to and from the venue.

The equipment each student is required to bring to the game is full sports uniform plus other normal soccer (boots, shin pads etc.) attire. If you are having trouble supplying this equipment please see me.

It is your responsibility to arrange travel for your child to and from the venue. If you are experiencing trouble organising transport for your child please contact myself at school. If traveling by car, and the car is being driven by someone other than yourself, please indicate on the permission slip overpage the driver of the car you allow your child to travel in.

Please complete and return the permission slip overpage if your child is allowed to attend.

Ms Potts

Team Manager

Permission Note

I give my child _____ of roll class _____ permission to compete in the Sydney West Soccer Championships on Monday 14 March 2005 at Mount Druitt Town Centre Reserve, Ralph Street, Mount Druitt from 7.45am to 3.00pm.

To the best of my knowledge, he has no medical condition, disability or injury which puts her at risk in participating in the sport activity.

In the event of illness or injury, I authorise the seeking of medical assistance on my behalf that my child may require.

Medicare No. _____ (for use at medical centres, surgeries)

Contact Number: Work _____ Home: _____

Mobile : _____

Medical Insurance: Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents/ caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through normal retail insurance outlets.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

I am aware it is my responsibility to arrange travel for my child. If allowing your child to travel with another person please indicate in the space next the person you wish your child to travel with: _____

Signature of Parent/Caregiver

Date: _____