



**PENRITH CUP: Soccer Friday 19<sup>th</sup> August**  
**TIME: 9:00AM – 2:30PM (Approx)**

Dear Parents/Carers,

Your child has been selected to represent Surveyors Creek Public School in the Penrith Cup Soccer at Jamison soccer fields. They will be participating against other schools in the Zone in a round robin format. Travel to and from the venue will be via bus. The cost will be \$8. The bus will be leaving school at 9:00am and returning around 2:30pm.

**\*Students will need to bring \$8 ON THE DAY for the bus.**

**Teachers will collect the money when students arrive at school\* Please do not pay online.**

Please ensure your child is at school by 8:45am. All children are required to wear their sports school uniform and wear their school hat. Students should not be wearing any jewellery.

All players must wear shin pads and joggers – **there are to be NO boots**. Students will not be allowed to take the field if they have boots on.

Students will also need to bring along their recess, lunch, sunscreen and plenty of water.

**\*PLEASE ENSURE YOUR CHILD HAS AT LEAST 2 DRINK BOTTLES WITH WATER.**

Teachers attending are trained in CPR and Emergency care.

**Please sign and return the permission slip by Wednesday 17<sup>th</sup> August. NOTES MUST BE RETURNED BY THIS DATE.**

*We are looking for referees to assist us on the day. This can be an adult or high school student who has an understanding of the rules – if you are able to help or know someone that would be able to assist please let us know by completing the note below.*

Yours Sincerely,

  
Miss Sutherland & Ms Quinlan  
Sports Coordinators

  
Mrs Kathy Browne  
Principal

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I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the **Soccer** Penrith Cup on **Friday 19<sup>th</sup> August** at Jamison Soccer fields.

I give permission for my child to receive medical treatment in case of emergency. My son/daughter has the following special needs:

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

.....  
.....  
.....

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Refereeing assistance**

I am able to help. Name: \_\_\_\_\_

I know someone who is able help. Name: \_\_\_\_\_