



TUMUT HIGH SCHOOL

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18th June 2019

Dear Parent/Caregiver

Your child has the opportunity to represent Tumut High School in **Indoor Soccer** at the **Futsal Schools Championship (Wagga Wagga Region)** to be held at **Equex Indoor Centre, Wagga Wagga** on **Wednesday 26th June 2019**. The Futsal School Championship is a round robin tournament in which Tumut High School will play against other schools from the Wagga region.

Transport will be by private vehicles driven by Mr Raj, the supervising teacher, and parent volunteer Mr Wright. Departure will be from Tumut High School at **8.00am** and returning at approximately **3.30pm**.

Students are to wear their sports uniform and flat soled shoes. Please note that the wearing of shin pads (plastic/rubber) is compulsory. Students will also need to bring a large packed lunch and plenty of snacks and fluids as there will not be any canteen facilities available.

A risk assessment has been prepared for this activity and the risk has been assessed as "low – medium". A copy of the risk assessment is available on request.

Cost of this activity is **\$15.00** team levy.

In order to be eligible for this activity students need to have all elective course fees paid in full. The fees policy can be found on our website under the "Policies" tab.

Please return the permission note on the reverse side of this letter and return it to the Front Office by the **end of recess** on **Monday, 24th June 2019**. If insufficient players have returned their permission note by the due date, arrangements may need to be reviewed.

Yours faithfully

Mr Raj
Excursion Co-Ordinator

per Mr Dixon
Principal

✂ _____
Futsal Indoor Soccer Schools Championship
Equex Centre, Wagga Wagga
Wednesday 26th June 2019

Permission note (return by the end of recess on Monday 24th June 2019)

***** (449245) \$15.00*****

I give permission for _____ to participate in the Futsal Schools Championship to be played at Bolton Park Stadium, Wagga Wagga on **Wednesday 26th June 2019**.

I have read and accept the arrangements for this activity as outlined in the permission note above. I understand that transport is being provided by private vehicles, Mr Raj the supervising teacher and parent volunteer, Mr Wright. Students will depart Tumut High School at 8.00am and return at approximately 3.30pm.

Please indicate any driver you **do not** wish your child to travel with _____

Medical Conditions: _____

Medication/ActionRequired: _____

Will your child have this medication with them? Yes / No / NA

I give / do not give permission for my child to received medical attention in the event of an emergency.

Parent / Caregiver Name: _____ Signature: _____

Contact Phone numbers: _____ Date; _____