

Touch Gala Day

Dear Parent/Caregiver,

Your child _____ has been selected to play in the School Touch Team. This team will participate in a Touch Gala Day as part of the NSW PSSA State Knockout Competition. This event will take place on **Monday 2nd August** at the South Tweed Rugby League Grounds.

The **day will begin at 9.15am** with our first boy's game and our first girl's game at 10.10am. The teams will play a minimum of 3 games. All games should be **finished by 2.15pm**.

Travel to and from the venue will be by bus. We will **leave the school at 8.30am** and endeavour to be **back at school by 2.45pm**.

A canteen will operate on the day however it is advised that the students bring adequate food and drink.

Mr Baxter and Tina will supervise the team. They have current CPR and emergency care certification.

Unfortunately due to current COVID restrictions parents are **unable** to attend.

If you wish your child to participate, **please complete the permission** slip below and return to school with a **\$15 carnival levy** by **Wednesday 28th July**.

Dane Baxter

Renee Beach

Supervising Teacher

Principal

I give permission for my child _____ of class _____ to participate in the Touch Gala day at South Tweed Rugby League Grounds on Monday 2nd August, 2021. I understand that travel will be by bus leaving the school at 8.30am and returning by 2.45pm. Please find the \$15 carnival levy included.

My child has the following medical needs _____

Signed _____

Parent/Caregiver