



## **FAR NORTH COAST PSSA AFL GALA DAY**



Dear Parent/Guardian

Your child has been chosen to represent Cudgen Public School at the **2022 Far North Coast PSSA AFL Gala Day** at **Dave Burns Field, South Tweed** on **Monday 30<sup>th</sup> May, 2022 (Term 2 - Week 6)**.

### **UNIFORM, COST, TRANSPORT AND TIMES**

- Students will wear school jerseys on the day but need to bring a **mouthguard**, moulded **football boots** and **shorts**.
- A **canteen will operate** providing some basic drink and snack items. Students are encouraged to **bring adequate food** and a **water bottle** with their name on it that they will refill and take to each game.
- Students will be leaving the school at **8.45am** and should arrive back at school by **2.30pm**.
- The cost for the day is **\$15 per student** and will cover the PSSA Levy and transport by coach to and from the venue.

**Mrs Star-Webb**, who has current First Aid Accreditation, will accompany the students on the day to supervise and assist.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

If you wish your child to participate, please complete the permission note below and return to school office by **Friday 27<sup>th</sup> May, 2022**.

Regards

**Emma Star-Webb**  
Teacher

Renee Beach  
Principal

## **FAR NORTH COAST PSSA AFL GALA DAY**

**Please return by FRIDAY 27<sup>th</sup> May, 2022**



I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the **FAR NORTH COAST PSSA AFL GALA DAY** at **Dave Burns Field, South Tweed** on **Monday 30<sup>th</sup> May, 2022**. Please complete and sign.

- I have included the cost of **\$15** to attend the event ☐
- I understand travel will be coach to and from the venue ☐

My child has the following medical needs \_\_\_\_\_

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

