



**BRISBANIA PUBLIC SCHOOL**  
 "BELIEVE, PERSEVERE, SUCCEED"  
 1 HIGH STREET  
 SARATOGA NSW 2251



**GIRLS & BOYS SOCCER NSW PSSA KNOCKOUT DAY**  
**Thursday 15 June, 2017**

9 June 2017

The Boys & Girls NSW PSSA Soccer Knockout Day has been organised for Thursday 15 June, 2017 at Chertsey Public School. The students will play the first game of their draws. Girls R3, as they had two byes, against Gosford East and Boys R2, as they had one bye, against either Gosford East or Chertsey.

The students will need to meet Mrs Self outside the Stage 2 rooms, fully dressed in soccer gear at **10:30am** ready to depart school. They will return to school by the end of the school day.

**Please bring to school:**

- **\$2** to cover the referee fees
- Drinks, recess & lunch – (There will be **NO** canteen facilities available)
- Hats
- School Sport Shorts
- Shin Pads
- Boots - **(Shirts & socks will be provided by the school)**



*Help with transport to and from Chertsey Public School is required and would be greatly appreciated.*

Please complete the details below if you can assist on the day.

Yours sincerely

Mrs Mitzi Self



✂..... ✂..... ✂.....

**BOYS & GIRLS SOCCER PSSA KNOCKOUT DAY- PERMISSION SLIP**

**I DO / DO NOT** consent to my child .....in class.....participating in The Boys & Girls Soccer NSW PSSA Knockout Day at Chertsey Public School on Thursday 15 June, 2017.

This sporting excursion has the approval of the school principal.

My child has the following special needs (please provide full details and include any relevant medical details)

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Emergency contact Numbers: .....

**I GIVE / DO NOT** give permission for my child to receive medical treatment in case of emergency.

**I CONSENT / DO NOT** consent to my child travelling by private motor vehicle.

I \_\_\_\_\_, parent of \_\_\_\_\_ am able to provide transport  
 (Parent's name)

for \_\_\_\_\_ students, (including my own child). I hold a current driver's licence and my vehicle is registered and comprehensively insured.

Licence No: \_\_\_\_\_ Comprehensive Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

.....  
 Parent/caregiver's Name

.....  
 Parent/caregiver's signature

.....  
 Date