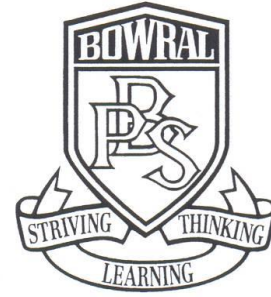


Bowral Public School

PO Box 865
Bendooley Street
BOWRAL NSW 2576

Telephone: (02) 4861 1086 Facsimile: (02) 4862 1004
Email: bowral-p.school@det.nsw.edu.au



Wednesday 16 May, 2018

Bowral Public School Girls' Hockey Team 2018 TRAINING CONSENT FORM

Dear Parents/ Caregivers,

Congratulations, your daughter has been chosen as a member of the 2018 school girls' hockey team. This team will participate in the NSW PSSA Knockout competition in 2018. The date of our first game is still to be confirmed and hopefully a permission note will be sent home next week.

We will begin training next week (Monday 21 May) and we will continue training until we are knocked out of the competition. Training for the girls' hockey team will be held each Monday morning at school in Hyde Park from **8am until 8.50am**.

The girls **MUST** bring their mouth guard and shin guards to every training session, and their hockey stick (optional). Please let me know if your daughter is unable to attend the weekly training session.

Please complete the attached permission note and return to Mrs Ayling no later than **Friday 18 May 2018**. Should you require any further information I can be contacted at school on 48611086 or mobile 0409773077.

Kind Regards,

Mrs Molly Ayling
Girls' hockey team manager/coach
K Rose Teacher

Mrs Wendy Buckley
Principal

Bowral Public School Girls' Hockey Team Parent/Caregiver Training Consent Form

I/ We hereby give permission for my/ our daughter _____
of class _____ to train with the girls' school hockey team at Bowral Public School,
Hyde Park each Monday morning 8am-8.45am whilst we are still in the 2018 knockout competition,
commencing Monday 21 May 2018.

If required, I consent to the supervising teacher seeking medical treatment that she feels is necessary. To the best of my knowledge, my child has no medical condition, disability or injury, which puts her at risk in participating in this activity.

My child has the following special needs:

Medication needed:

Signature: Parent/ Guardian	Print name:	Date:
------------------------------------	-------------	-------

Daytime contact phone number:	Mobile Number:
-------------------------------	----------------

Medicare Number:	Position on card:	Expiry date:
------------------	-------------------	--------------