

ASCOT VALE DISTRICT SUMMER SPORTS

Dear Parent/Guardian,

This week's game is the first of 4 away games this term.

There will be a cost of \$5.00 per student for each away game to cover the cost of the bus.

This year we are trialing a payment scheme that you may find easier where you pay for all the away games in one go.

Please check the list of names on the back to see how many AWAY games your child will be playing.

If you give your child permission to participate, please return the **completed form** to school by Tuesday 27th October.

NOTE: Only **one** permission form is needed for all 4 away games.

Thank you,
Darrin, Laurel, Pauline, Jill and Spencer.

NAME _____

I enclose \$ _____ for _____ away games.

I, _____ parent/guardian of _____
allow my child to participate in Summer Sports. I authorize the teacher in charge to consent, where impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent's signature _____

Contact number on the day _____

Please Note: The information contained on this form will be taken by the Teacher on the excursion and then stored in accordance with our privacy policy.