Dear Parents,

Your child has been selected in the Lynwood Park netball team to participate in the Seven Hills/Wentworthville PSSA competition. Winter PSSA sport is played on Fridays in Term 2 and Term 3 starting in Week 3, on **Friday 13th May, 2011**. Games will be played from approximately 9:40am at the Blacktown Netball Association courts – next to Blacktown Aquatic Centre.

At the time of writing the cost for the competition and bus travel to the venue, is $5 per game per child but this may change if there is an increase in transport costs. Competitors need to wear a **school sports uniform and a school hat**. It is also advised that your child brings along his or her own drink bottle.

For your child to participate in the competition, please fill in the form below and return it to Mr Goldsmith by Friday morning along with $5. Your child also needs to read, agree to and follow the player’s code of conduct on the attached sheet and return it along with the permission note and money.

Mr A. Goldsmith                             Rita Porteous
Netball Coach                                Principal

…………………………………………………………… ……………………………………..............

LYNWOOD PARK PUBLIC SCHOOL
To the Principal,

I give permission for my son/daughter/ward…………………………………………………………………… to participate in the Seven Hills/Wentworthville District PSSA netball competition to be held at the Blacktown Association Netball Courts each Friday morning.

I understand that he/she will be travelling to and from the venue by bus as arranged by the PSSA, costing $5 per Game.

While I appreciate the efforts made by the school and the Seven Hills and Wentworthville District PSSA to minimise the possibility of injury, I understand that there will remain in some degree risk of inherent injury in participation in a sport where body contact is possible.

To the best of my knowledge he/she has no medical condition, physical disability or injury which puts him/her at risk in participation in this sport. **YES/NO**

**Important:** The following are special need of my child which teachers need to be aware of e.g. allergies, asthma etc.

Name of Parent/Caregiver………………………………………… Date.........................

Signature of Parent/Caregiver ..........................