**HORSLEY ZONE PSSA REPRESENTATIVE**

**PERMISSION NOTE 2023**

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| --- | --- |
| **Name of Student** |  |
| **School** |  |
| **Sport** |  |
| **Trial Details** | I give permission for my child to participate in the Sydney South West **(Insert Sport)** Championships to be held at:**Location :(Insert Location)****Date: (Insert Date)** **Time: (Insert Time)****Cost in 2023 Swimming $20.00 (includes a HZ Cap)** **Cross Country $15.00, Athletics $15.00,** **Rugby League/Softball $30.00 per player (includes socks)****Football, Touch, Union, Basketball,****Netball $30 per player for teams** **Individual students see SSW website (Hockey, AFL)** **(keep what is relevant)****Swimming and Athletics ensure you put the** **parent entry fee on note**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Parent/Carer Date** |
| **Emergency Contact** | In case of illness or injury to my child during the Championships/Trials the following person should be contacted if I am not in attendance or unable to be contacted:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **✀ ……………………………** | **………………………………………………………………………………** |
|  | **PARENTS/CARERS TO KEEP THE INFORMATION BELOW** |
| **Location/Date/Time** **of the event** | ?????? |
| **Travel** | Parents/Carers will need to organise travel to and from the venue on the day of the Regional trials. |
| **Uniform** | **Insert Relevant Details ????** |
| **Things needed** **on the day** | **Insert Relevant Details ????** |
| **Training Details** | **Location: ?????** **Dates: ?????** **Time: ?????** |
| **Coach/Manager****Contact Details** | **Name: ????** **School Number: ???? Mobile Number: ??? (Optional)** |