**HORSLEY ZONE PSSA REPRESENTATIVE**

**PERMISSION NOTE 2023**

|  |  |
| --- | --- |
| **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)** |