**PSSA 2024: Season 1**

Dear Parents/Carers,

Congratulations! Your child has been selected to represent Lansvale Public School at the Lansdowne Zone Season 1 PSSA Competition. Information regarding this season appears below.

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| Educational objective and additional information | Your child has been selected to participate in the PSSA Season 1 for Lansvale Public School.  |
| Venues | Multiple venues in the Lansdowne Zone |
| Date of season | Every Friday – 08/03/2024 – 31/05/2024 |
| Classes attending | Various students from Years 3-6 |
| Payment | * $40 per student (covers bus travel to away games, uniform, and equipment)
* Soccer players must wear long Lansvale PS socks to cover their shin pads. The office sells these sport socks for $10
* Shin pads are provided, but if students have their own, they can wear them
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| Season 2 - Sports | **Netball** (Miss Wen and Miss Kry), **Soccer** (Mr Mangraviti), **Touch Football** (Miss Langi ) |
| Permission note & Medical Information  | Please complete the attached Permission note, covid-19 consent, concussion protocols, code of conduct and medical information.  |
| Due date for permission and payment | **Please return the permission note, code of conduct and payment no later than Monday 1st March 2024.** Families can either make an online payment at our school website <https://lansvale-p.schools.nsw.gov.au/> and select ‘make a payment’ or make a cash payment to the office. If paying by cash - please place your money and note in an envelope, labeled with your child’s name and class and deliver it to the front office. |
| Travel arrangements | Departing Date: | 08/03/24 – 31/05/2024 | Time:  | 12:10pm  |
| Return Date: | N/A | Time:  | 3pm  |
| Transport | -Bus transport (away games) and walking to Hartley’s Oval (home games)-Netball will play home games at school and away games at the school we are playing |
| Additional information | * Students are to wear full sports uniform including a school hat and sunscreen.
* Students are to wear appropriate running footwear; **football boots are not permitted.**
* Students are encouraged to pack extra water bottles.
* Training is at school and may be set before school or after school. If training is before or after school the coach will send home a note to inform you of the times.
* Students with health concerns requiring daily medication should come prepared.
* Students with asthma must bring their asthma puffer. All medications must be provided to the supervising teachers on the day of PSSA.
* Parents are welcome to attend PSSA but need to make their own way there.
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| Supervising Teachers | * While at PSSA, the students will be supervised by the Teams coach (Miss Wen, Miss Kry, Mr Mangraviti and Miss Langi)
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Kind regards,

Mr Halloran, Miss Wen, Miss Kry, Mr Mangraviti and Miss Langi Mrs Laura Karam

PSSA Team Principal

**Permission Note – PSSA Season 1**

I give permission for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class \_\_\_\_\_\_ to attend the Lansdowne Season 1 PSSA, from Friday the 8th of March to Friday 31st of May 2024. I understand that my child will be transported to PSSA by bus for away games and walk to Hartley’s Oval for home games.

* I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education’s policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

**Please select your preferred payment method below:**

* ***Online payment -*** I have made an online payment of $40. My online receipt number is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ***Cash payment -*** I have attached cash payment of $40.

**Emergency and Medical Information**

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| --- |
| List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies and previous sporting injuries etc.) Outline the treatment for each. If there are no medical concerns then please write N/A. ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------ |
| Medication (s) to be administered during the excursion. Include the name of the medication, instructions for administration, time of administration and any possible reactions. If medications are not required then please write N/A. ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------ |

**Parent/Carer Acknowledgment and Consent**

**Concussion Clearance**: The Australian Medical Association recommends students being symptom-free of concussion for 14 days before returning to sport.

* If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 day period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event.
* Medical clearances can be attached to this consent form or can be submitted to team officials separately.

**Parent/Carer Acknowledgment and Consent**

* I have read the information provided and I hereby consent to my child/ward participating in this event.
* I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education’s policies and procedures.
* I acknowledge and accept that there is a risk that my child/ward may be exposed to COVID-19 whilst attending and participating at this event.
* I confirm that my child will not attend if displaying symptoms of illness, and/or if directed to isolate under public health orders.
* I acknowledge that my child/ward will be under the duty of care of the supervising teacher during the event.
* I acknowledge that if my child/ward seriously contravenes behavioural expectations, they may be immediately excluded from the team. Should this eventuate, I accept full responsibility for my child/ward upon notification of their exclusion by the team manager including the cost return transport and accommodation.
* In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility of expenses incurred.
* I acknowledge that if my child/ward sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the event commencing, I am required to report this to team officials. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the event if a medical clearance is provided.
* I affirm that, to the best of my knowledge, my child/ward has no medical condition or injury that places them at risk by participating in this sport activity.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Carer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_