



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

YEAR 7/8 BOYS ACT FUTSAL SCHOOLS CUP

The Futsal Schools Cup is an interschool Futsal competition taking place in Term 3. The competition is organised by Capital Football and held at the Lyneham Netball Centre. All interested Year 7 ESS learners have been invited to participate. Training is underway at school on Mondays and Thursdays during Break 1. Learners must return a permission note and attend regular training to be added to a team. Parents and carers are required to make their own arrangements for transport to and from the venue on the day.

DATE:	Thursday 7 August 2025, (Week 3 Term 3)
VENUE:	Lyneham Netball Centre, 435 Northbourne Avenue, Lyneham ACT 2602
TRAVEL ARRANGEMENTS:	Parent/carer required to arrange learner transport to and from venue
TIMES:	All learners should arrive at the venue by 8:30 am. Please allow travel time as traffic can be busy in the area. Learners will need to be collected from the venue by 3:30pm
COST:	\$7.00
LEARNERS ATTENDING:	Selected Learners from Year 7 and 8
STAFF ATTENDING:	Sarah Nathan-Truesdale, Ross Dennis
WHAT TO BRING:	Rubber soled shoes or futsal shoes, shin pads and socks to cover shin pads, goalie gloves (one set per team), water bottle, lunch and snacks
NOTE & PAYMENT DUE:	Please return all notes and payment by Monday 4 August (Week 3 Term 3)

Please note that a minimum number of attendees is required for this activity to go ahead. If numbers are not reached by the due date, the principal may cancel the planned activity. In this circumstance, families will be notified by email.

Code of Conduct and Parental Agreements:

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Kind regards,

Sarah Nathan-Truesdale

sarah.nathan-truesdale@ed.act.edu.au



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Student Name:

Class:

If you consent to your child attending this activity please check the appropriate boxes below:

I have read and understand the attached information page for the activity and consent to the payment and travel arrangements for my child to participate

I agree to my child participating in the activities associated with this activity

I have discussed the need for appropriate behaviour from learners whilst participating in this activity

I authorise the school to make arrangements for the welfare of my child in an emergency. I have provided the school with all the medical information relevant to my child while they are attending this activity

The [Medical Information and Consent](#) form needs to be provided to schools for each learner at the start of the school year. Please confirm you have returned a Medical Information and Consent form for your child this year

My child requires medication to be administered during this activity. I have already provided the school with a signed [Medical Authorisation and Administration Record](#) A copy is available via the front office

Please indicate below if there is any additional information relating to how ESS can support your child's participation in this activity:

Parent Name:

Date:

Signature:

PAYMENT INFORMATION:

- Pay via Parent Portal - Ezidebit
- Pay via QuickWeb on the Evelyn Scott School website: <https://www.evelynscottschool.act.edu.au/Payment>
** If paying via QuickWeb, please include the cost code: **YEAR 7/8 BOYS FUTSAL** as a reference**
- Pay over the phone or in person by Credit Card/EFTPOS by calling the front office on 6142 3491

If you are experiencing difficulty covering the cost of this activity, please contact the school's Business Manager via email: BM.ests@ed.act.edu.au for a confidential and supportive conversation.

Office Staff to complete:

Permission note returned via:	Email	Paper Form	Verbal Permission
Payment made via:	EFT/Credit Card	QuickWeb	Parent Portal
Date permission note returned:	____/____/____	Entered on SAS:	
Name of ESS office staff processing: _____			