

Friday 5th May 2017

Squash Auckland Season – Boys Open B

Dear Parent/Caregiver,

Your child has been selected to represent Elim in one of our squash teams this season to compete in the Boys Open B grade at the Auckland Squash competition.

Event: Squash Auckland Season – Boys Open B
Venue: Venues vary each week – exact location to be confirmed
Date: **Wednesday 17th May – Wednesday 16th Aug*** at the latest
Time: Game times start from **4.15pm**
Transport: Students will be transported in the school vans or staff motor vehicles to and from the venue. Students can be collected from the venue after the game, otherwise they will be brought back to school for pick up.
Cost: **\$50.00**

Training will be held on Wednesdays at 7am, at the **Howick Squash Club**, 41 Meadowland Dr, Somerville, Auckland 2014. (There are showers and changing facilities at the squash club). Students can walk to school after training. However, there will be a few seats available in the staff's motor vehicles to transport students back to school if need be, with coaches Mr Kim and Mr Mack.

Players will need:

- To be in Elim P.E. Uniform
- Wear white soled non-marking soled shoes
- Must play with protective eyewear (the school can provide)
- It is preferable for students to have their own rackets; however, we do have some for student use.

Please complete, sign and return the permission slip with the payment in a named envelope to the silver box outside the office by Tuesday 9th May 2017

Should you have any queries at all, please do not hesitate to call or email me.

Yours sincerely

Mr Mark Mack
Dean, IT Services Team Leader, Chemistry, Christian Living, Physics
Mark.Mack@elim.school.nz

Squash Auckland Season – Boys Open B Permission Slip

I give permission for my child to take part in representing Elim Christian College during the Auckland Squash Season. I understand that my child must attend all trainings and games each week.

I authorise the obtaining on my behalf any medical assistance if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred. I will not hold the school liable for any injury that is sustained during the competition.

I have enclosed the payment of \$50.00 Yes / No

Any medical conditions we need to be aware of:

Child's First Name: _____ Child's Surname: _____ Date of Birth : _____

Parent Name: _____ (please print) Signed: _____

Parent Email: _____ Mobile Phone: _____