Rockheights Middle School
Athletics

Girls Soccer Team

Dear Parent(s)/Guardian(s),

Your daughter has chosen to play on the Girls' Soccer Team at Rockheights this year. Your child will be practicing on **Tuesdays 3:00- 3:45** and participating in "Recreational Tournaments" on **Wednesdays 3:30 - 5:30** against teams from other schools. Please arrange a ride for your child to and from away games, as coaches are not responsible for transportation.
Equipment: Shin guards are required, and cleats are recommended.
Thank you very much and if there are any questions please don't hesitate to contact me at the school (250-384-7125).

Mr. Snider

Games and Venues:	**Wednesday, Sept. 26**	**@**	**SMU**
	Wednesday, October 3	**@**	**Central**
	Wednesday, October 17	**@**	**Central**

✂ *Cut and keep the top as your schedule*

Girls' Soccer Team

I give (*name*)_____ permission to participate in and travel (driven by volunteer adult drivers) to various destinations in Greater Victoria as a member of the Girls' Soccer Team at Rockheights Middle School.

_____ _____
(Date) (Parent Signature)

Can You Help Drive??

_____Yes I can help drive on Sept. 26th (Wednesday) Depart at 2:50.
_____Yes I can help drive on Oct. 3th (Wednesday) Depart at 2:50
_____Yes I can help drive on Oct. 17th (Wednesday) Depart at 2:50
I can take # _____ Students in my car. Contact #:_____.

❑ I completed driver's form