



Under 15's Rugby League Trial Match

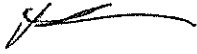
Dear Parent/Guardian, below are details of an upcoming excursion/school activity involving your child.


Class/Group: Under 15's boys	Venue/Destination: BWSC Umina Oval	Date: March 26 th 2018
Start time: 12:10pm Finish time: 2:40pm	Transport: Nil	Dress Requirements: Shorts, Socks, Boots Other Requirements : Mouthguard
Cost: NIL	Permission notes must be returned to student reception by: March 23 rd 2018	
Other details: During year 9 rugby league elective, we have arranged for the boys to play a trial game. The game will be a full contact game with an official referee. This game will be used as preparation for the U15 school football season.		
Organising Teacher: Mr Crouch	Email: Patrick.crouch@det.nsw.edu.au	


****A risk assessment has been completed for this excursion, which can be provided if requested****

Student Privacy Advice Notice – please go to <http://www.umina-h.schools.nsw.edu.au/permission-notes> for full details on the purpose of the school obtaining information about your child to assist with planning, support students and minimise risks when conducting school excursions, sporting or other activities.

March 19th 2018


Mr P Crouch – Excursion Co-ordinator


Mrs K Pecotich – Head Teacher PD/H/PE


Mr A Montgomery - Principal

✂ [Tear and return]

Under 15's Rugby League Trial Match – Permission Note

STUDENT NAME: _____ ROLL CLASS: _____

I hereby consent to my child _____ playing in the **Rugby League Trial** on **March 26th 2018**. I understand my child is responsible for demonstrating appropriate behaviour whilst participating on this excursion. While I appreciate the efforts made by the school to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in what is essentially a body contact sport. I understand that the wearing of a correctly fitted mouthguard is mandatory in all games. Under no circumstances should my child/ward be allowed to play/trial in the following positions: _____

Emergency contact name: _____ Phone number: _____

Parent/Guardian Name

Parent/Guardian Signature

Date