

**Catherine McAuley**  
**Catholic Primary**  
**School**



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Dear Parents,

Your son has gained selection to compete in the Russell Richardson (Year 3 & Year 4) and David Peachey Shield (Year 5 & Year 6) Rugby League Team on **Thursday 31st March** at Brendon Sturgeon Oval.

If you wish your child to part-take in this competition please be aware of the criteria below:

- Respectful and Safe behaviour needs to be maintained at school.
- Responsible work ethic maintained at school.

**Date:** Thursday 31st March 2022

**Equipment:** Please make sure your child has a mouthguard as this is compulsory. Headgear is optional but recommended. Please pack your own lunch, snacks and drinks.

**Time:** 9:30am start and return to school at 2.30pm

**Venue:** Brendon Sturgeon Oval

**Transport:** Students will travel to and from the venue by bus

**Cost:** *\$10 per child to cover transport cost will be added to your school fees.*

**Clothing:** *Please bring Sports Clothes to change into once returning to school*

**Rule Change:** The competition has now become a "Development" competition. No official scores will be kept.

All other information will be sent out as the date draws closer e.g. draw.

Please fill in the permission note below and return to school by Monday 28th March 2021.

Yours sincerely  
Scott Hudson  
21st March 2022

✂.....

**Russell Richardson (Yr 3/4) David Peachey Shield (Yr 5/6) - Brendon Sturgeon Oval**

I .....parent/guardian of .....hereby:

Give permission for ..... in class ..... to attend the Russell Richardson/ David Peachey day at **Brendon Sturgeon Oval** on **Thursday 31st March**.

1. Consent to my child travelling by bus to and from the venue.
2. Consent to my child participating in all activities, arranged as part of this excursion.
3. Consent to the school when seeking medical advice on my behalf to care for my child in the event of an accident or illness. I also understand that the school will not be responsible for the costs of any medical attention or treatment administered.
4. Certify that if my child should exhibit behaviour that seriously endangers themselves or others, I will be contacted to collect them from a designated point.

**Please answer the following medical questions about your child:**

1. Does your child need to take any form of medication on the excursion? **Yes / No**
2. Is this medication located at school already? **Yes / No**

**Emergency contact in the case of accident or illness:**

Name.....Phone.....

I understand that the information I provide on this form will be handled in accordance with relevant Privacy legislation.

Signature: .....Parent / Guardian