Dear Parents,

Your son has elected to trial for the Rugby Union 7’s or Rugby League 7’s for boys in Year 4 and Year 6. These trials will take place at Jaeger Reserve on Thursday of Week 3 (16th) and Thursday of Week 4 (23rd) February at lunch time. **Your child will need to bring a football jumper, joggers and safety gear i.e. mouth guard (compulsory) to the trial.**

To be considered your child must attend at least one of the trial dates and must play a contact sport on the weekends.

Mr Sheridan, Mr Hudson, Mr Maguire will be the selectors, while Mr Gough will be doing the refereeing.

If selected, training runs will be held on the school playground during lunch time or before school. These will include tackling.

Could you please fill in the permission note below as Rugby Union/League is a contact sport.

If your child is selected at the trials, they will then have the opportunity to compete in the Rugby Union 7’s carnival and the Rugby League 7’s. The Union day will be held at Orange, Waratah’s Sports Club, Thursday 16th March (Term 1, Week 8). Further information will be provided at a later date.

Mark Sheridan & Scott Hudson
Rugby Co-ordinators
10th February 2017

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**Catherine McAuley Catholic Primary School**
**Rugby Union & Rugby League Trials**

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

1. Give permission for …………………………………. in class …… to attend the Rugby trials on the **Thursday 16th and or Thursday 23rd February 2017.**

2. Consent to my child walking to Jaeger Reserve.

3. I understand that Rugby Union and Rugby League is a contact sport.

4. Consent to my child participating in all activities, arranged as part of this excursion.

5. Consent to the school when seeking medical advice on my behalf to care for my child in the event of accident or illness. I also understand that the school will not be responsible for the costs of any medical attention or treatment administered.

6. 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