Dear Parents,

Our school has been successful in obtaining a sporting grant for Rugby Union. As a result we are able to offer your child the opportunity to attend a coaching clinic.

The session for your child will be on Friday 4th March for Year 6 and Friday 11th March for Year 4 at Waratahs Sports Ground and is open to both boys and girls. The cost of transport will also be covered by our grant. Children will need to come to school in sports uniform on the day and should bring a drink bottle. Please fill in the permission note below to allow your child this wonderful experience. Permission notes should be returned to your child’s class teacher.

Yours sincerely

Scott Hudson
23rd February 2016

Catherine McAuley Catholic Primary School
Rugby Union Coaching Clinic

I __________________________ parent/guardian of __________________________ hereby:

1. Give permission for __________________________ in class ____ to attend the Rugby Union Coaching Clinic on Friday 4th March for Year 6 and Friday 11th March for Year 4.

2. Consent to my child travelling by bus.

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

4. 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.

5. 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 Date: _____