Dear Parent/Guardian

Your child has been selected to participate in the Diocesan 10-a-side Rugby Gala Day on Friday 21st June, 2019. We will be competing against other schools of Orange and surrounding districts. Travel to and from Emus will be the responsibility of parents.

Date: Friday 21st June
Time: 9.00am till 1.30pm (please ensure you pick up your child on time)
Venue: Emus Rugby Fields Orange
Equipment: Mouthguard (compulsory, no mouthguard no play), headgear (recommended), football boots, water bottle and food. Jerseys, shorts and socks will be provided.
Cost: Nil

Please pack your own lunch, snacks and drinks. 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
- Completed permission note

Permission slip must be returned by 11th June.

Yours sincerely,

Mark Sheridan / Scott Hudson
15th May 2019

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Catherine McAuley School – Rugby Union 10's Gala Day

I _______________________________ parent/guardian of _______________________________ hereby:

1. Give permission for ____________________ in class ____ to attend the Primary School Rugby 10’s Gala Day on Friday 21st June, 2019.
2. I understand that I am responsible for transport to and from Emus Rugby Fields.
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.

Signed _______________________________ Medicare No: _______________________________