Dear parent / caregiver,

Your child has been offered the opportunity to participate in the following school sports activity. As is normal procedure, student behaviour is expected to be of the highest quality and students should attend the day in the knowledge that they are representing our school.

**Event/ Location/s:** Braith Anasta Cup – Rugby League 9’s / Parade Grounds, Centennial Park

**Date/ Period of Time:** Friday, 1st of April / 9am – 3pm

**Mode of Travel:** Public Bus (355 from Alex Park)

**Event Organiser:** Matthew Bowman

**Cost:** Cost of bus trip.

**Additional comments:**

This activity has the support of the Principal.

.......................... Permission Slip ..........................

I give permission for my child or ward ____________________________ (Full name) to play rugby league/rugby union as part of the Braith Anasta Cup. 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 and training sessions.

__________________________  ____________________________
Signature                        Date

**Medical Information**

In giving permission for my child to attend I understand that all sections below must be completed.

My child  does / does not  suffer from any medical condition. (If so, please attach details of the medical management program which he/she follows)

My child  does / does not  suffer from an allergy (If so, give details)

**Emergency Contact**

Name: ___________________________________________  Ph. ___________________

I do/do not give permission for my child to be photographed by the teacher for the school newsletter. Please sign below:

Signature: ___________________________________________
Dear parent / caregiver,

Your child has been offered the opportunity to participate in the following school sports activity. As is normal procedure, student behaviour is expected to be of the highest quality and students should attend the day in the knowledge that they are representing our school.

**Event/ Location/s:** Year 7 Gala Day / Robertson Rd Fields, Moore Park & Heffron Park, Maroubra

**Date/ Period of Time:** Wednesday 30th March / 9:00am – 3:00pm

**Mode of Travel:** Public Transport - Bus

**Event Organiser:** Matthew Bowman

**Cost:** Cost of bus fare

**Additional comments:** Students participating in Basketball and Soccer will be catching the 355 to the venue at Moore Park. Students participating in the Oztag and Netball will be catching the 310 to the venue at Heffron Park. Students will be required to have a youth/child Opal card to travel to the venue. Teachers will accompany their group to and from the venue to the students' respective sports. Adequate food, hydration and sun protection will be required as there will be no onsite food and beverage services.

This activity has the support of the Principal.

Signature _______________________________ Organisers Signature _______________________________

............................................. Permission Slip .............................................

**Name of Parent / caregiver:** _____________________________________________________________

I do / do not give permission to my child ___________________________ of Roll Class ________ to participate in the Year 7 Gala Day.

**Medical Information**

My child **does / does not** suffer from any medical condition. (If so, please attach details of the medical management program which he/she follows)

My child **does / does not** suffer from an allergy. (If so, give details of any allergies your child suffers)

Signature: ___________________________ Date: _________________

**Emergency Contact**

**Name:** ___________________________________________ Ph. ____________
Dear parent / caregiver,

Your child has been offered the opportunity to participate in the following school sports activity. As is normal procedure, student behaviour is expected to be of the highest quality and students should attend the day in the knowledge that they are representing our school.

**Event/ Location/s:** Girls Open Basketball / Sutherland Basketball Stadium

**Date/ Period of Time:** Tuesday 29th March / 9:00am – 3:00pm

**Mode of Travel:** Public Transport

**Event Organiser:** Stuart Okell

**Cost:** Cost of train

**Additional comments:**

This activity has the support of the Principal.

[Signature]

[Organisers Signature]

---------------------------- Permission Slip ---------------------------

**Name of Parent / caregiver:**

_ [_____________________]_ of Roll Class _[_____________]_ to participate in the Basketball knockout match at Sutherland Basketball stadium.

**Medical Information**

In giving permission for my child to attend I understand that all sections below must be completed.

My child does / does not suffer from any medical condition. (If so, please attach details of the medical management program which he/she follows)

My child does / does not suffer from an allergy. (If so, give details of any allergies your child suffers)

[_____________________] Is there any other information we may need to be aware of that may impact on the activity being undertaken?

I understand that in the case of an emergency, staff will make contact with the ambulance service and/or hospital.

**Signature:** [_____________________] **Date:** [______________]

**Emergency Contact**

**Name:** [_____________________] **Ph:** [______________]