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.

.................................................................
Signature

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

I give permission for my child or ward _____________________________ (Full name) of class _______ 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 30\(^{th}\) 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: .................................................................

I do / do not give permission to my child ____________________________ 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. ________________