



**St Patrick's Parish School, Cooma
Notification of an Excursion**

Dear Parents/Guardians,

The School would like to inform you of an excursion that has been arranged for your child's participation. The details are as follows:

Title of Excursion and Area of learning	Canberra Goulburn Diocesan Primary Rugby Union Trials. Extra-curricular sporting event.	
Purpose for the excursion	To allow students to trial for a representative Rugby Union team.	
Date/s of excursion	Monday 4 June, 2018	
Destination	Walker Park, Yass	
Supervising Teacher/s	Parents	
Time and place of departure	Registration at 10am at Walker Park	
Time and place of return	Approximately 2pm	
Transportation	Private transport	
Cost	\$15	Payable to the school
Special requirements or equipment	If selected from these trials students will need to be available for the following representative games: <ul style="list-style-type: none"> • MacKillop Carnival 2 July, Forbes 	
Dress code/equipment	Students are to wear full PE uniform. Students will need football boots and a mouth guard. Students are recommended to wear headgear. There will be no canteen available on the day.	
Contact details	Mr Tim Lawley – 6452 1721	

If you agree to your child attending this excursion, please return the attached permission note, nomination form and money to the school office before Monday 28 May, 2018. You are welcome to contact the School on 6452 1721, if you have any further queries.

**Frances Robertson
Principal**

**Tim Lawley
Teacher in Charge**

I _____ permit _____ of _____
(Name of Parent – printed) *(Name of Student)* *(Homeroom)*

to take part in _____ on _____
(Title of excursion) *(Date of excursion)*

I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students as a group and individually. If a student fails to comply with regulations, arrangements and/or the spirit of the excursion, it may be necessary for him/her to return home. I understand that this expense will be my responsibility.

In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the use of an ambulance.

I further authorise qualified practitioners to administer anaesthetic, if such an eventuality necessitates it.

Signature of Parent: _____ **Date:** / /

Contact Numbers: Home: _____ Work: _____ Mobile: _____

ARCHDIOCESAN PRIMARY OPEN BOYS RUGBY UNION NOMINATION FORM

NAME: _____

DOB: _____

SCHOOL: _____ TOWN: _____

REPRESENTATIVE ACHIEVEMENTS

PREFERRED POSITION: _____

SIGNED: _____
School Sport Coordinator

Archdiocesan Consent/Medical Form must accompany this nomination

Parents – Please return the nomination form to your school sports coordinators by the 28th of May

Sports Coordinators – Please email nomination forms to Sherree Bush (CEO) Sherree.bush@cg.catholic.edu.au by the 30th of May

ARCHDIOCESE OF CANBERRA AND GOULBURN CONSENT FORM

SPORT: LOCATION: DATE:

STUDENT DETAILS:

Surname: Christian or Given:
 Date of Birth: School:
 Town: Home Phone Number:

STUDENT MEDICAL DETAILS:

Please circle and explain below

Heart Problems	YES / NO	Blood Pressure	YES / NO
Respiratory Problems	YES / NO	Operations	YES / NO
Allergies	YES / NO	Recent Illness	YES / NO
Travel Sickness	YES / NO	Drugs Required	YES / NO
Drugs Reactions (e.g., penicillin allergy)			
Is there any relevant medical information, relating to your child's taking part in any swimming/ aquatic activities?			YES / NO
Date of last Tetanus injection			

PARENT/GUARDIAN DETAILS:
 Surname: Christian or Given:
 Email:
EMERGENCY CONTACT:
 Name: Phone:

Explanation/Other information? If yes please ensure all labelled medication is taken to event

Medicare or Medical Benefits No:

PARENT/GUARDIAN CONSENT:
 As a Parent/Guardian of I give my consent for him/her to participate in the (nominate the event)
 and agree to delegate my authority to the staff and instructors involved.

Such teachers and instructors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.
 I also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above-mentioned student.
 I submit the attached medical information about the above-mentioned student and include details of limitations, which he/she has for the activities concerned.
 I agree to pay the necessary costs levied on each competitor selected in the team.
 I further authorise qualified medical practitioners to administer anaesthetic if such an eventuality arises.
 I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I have sighted the Code of Conduct and agree that if my child seriously contravenes behavioural expectations he/she may be immediately excluded from the team.
 I give permission for images taken at these events of my child to be used in Catholic Education Office publications, both print and electronic.

Parent/Guardian Signature: Date:

CODE OF CONDUCT:

- As a **TEAM MEMBER** I agree that I will:
- ❖ At all times cooperate with the coach, teammates and opponents without whom we do not have a competition.
 - ❖ Work equally hard for myself and for my team.
 - ❖ Be a good sport and encourage fellow team members.
 - ❖ Control my temper and make no criticism by word or gesture.
 - ❖ Follow instructions given by the team manager.
 - ❖ Remain with my team in the allocated area when not competing.
 - ❖ Compete by the rules and always abide by the referees/jumpires decision.

PRINCIPAL/SCHOOL EXEC DECLARATION:

I certify that the student listed above is enrolled at this school. I have verified that the date of birth as stated is correct. He/she has the school authority to represent on this occasion.
 Signed: Date:

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Signed: Date: