



**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 5 June, 2017	
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 26 June, Forbes • PSSA Carnival 22-24 August, Newcastle 	
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 Wednesday 31 May, 2017. You are welcome to contact the School on 6452 1721, if you have any further queries.

Frances Robertson
Principal
Teacher in Charge

Tim Lawley

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](#)