



**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:

<b>Title of Excursion and Area of learning</b>	Canberra Goulburn Diocesan Primary Rugby Union Trials. Extra curricular sporting event.	
<b>Purpose for the excursion</b>	To allow students to trial for a representative Rugby Union team.	
<b>Date/s of excursion</b>	Monday 5 June, 2017	
<b>Destination</b>	Walker Park, Yass	
<b>Supervising Teacher/s</b>	Parents	
<b>Time and place of departure</b>	Registration at 10am at Walker Park	
<b>Time and place of return</b>	Approximately 2pm	
<b>Transportation</b>	Private transport	
<b>Cost</b>	\$15	Payable to the school
<b>Special requirements or equipment</b>	If selected from these trials students will need to be available for the following representative games: <ul style="list-style-type: none"> <li>• MacKillop Carnival 26 June, Forbes</li> <li>• PSSA Carnival 22-24 August, Newcastle</li> </ul>	
<b>Dress code/equipment</b>	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.	
<b>Contact details</b>	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

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PREFERRED POSITION:

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SIGNED: -----

School Sport Coordinator

[Archdiocesan Consent/Medical Form must accompany this nomination](#)