



St Clare's College

CGSSSA AFL

Dear Parents and Carers,

Congratulations, your daughter has been chosen to represent the College at a one day event for AFL.

- * **Date:** Tuesday, 30th July 2019
- * **Venue:** Macquarie University Playing Fields
- * **Address:** Northern Field, 17-19 Busaco Rd, Marsfield, 2122
- * **Teacher/s in Charge:** Mr Dominic Fricot, Mr Brian Peakall, Mr Thomas Cooper
- * **Cost:** Nil

Transport details:

- * **Transport:** Private Bus
- * **Meeting place and time:** St Clare's College Church Street gates at **7.00 am**
- * **Finishing time:** Approximately 3.00/3.30 pm

Uniform and other requirements:

- * **Attire to be worn:** Full Sports Uniform (College jersey will be handed out on the day)
Students to wear black shorts or bike pants
- * **Lunch:** Students are to bring their own recess & lunch, there are no canteen facilities
- * **What to bring:** **A mouth guard is compulsory.** Also bring a water bottle, hat and sunscreen
- * **Emergency Contact:** **02 8305 7100**

Students are reminded that their behaviour will need to be of the highest standard when representing the College. If you have any concerns regarding the information that has been outlined in this letter, please do not hesitate to contact the Teacher in Charge at the College on 8305 7100. Parents are asked to advise the College of any changes to their daughter's Medical Form that was completed when their daughter commenced at St Clare's College.

Regards,

Miss Louise Winchester
Sports Coordinator

Mrs Kerrie McDiarmid
Deputy Principal

Please complete and return the consent form **to Miss Winchester at the PDHPE Department Office** by **Friday 26th of July 2019**. **No student will be allowed to attend the above excursion without this completed permission slip.**



St Clare's College
Waverley

St Clare's College

I have read the attached information and I give consent for my daughter,

to attend the **CGSSSA AFL Excursion** on **Tuesday 30th July 2019**. I understand this is a contact sport and my daughter will be subject to this contact on the field. To the best of my knowledge, she has no medical condition, disability or injury which puts her at risk of participating in this activity.

My daughter has the following special needs/medical condition. (Please provide the relevant allergies, medication) _____

I agree to delegate my authority to the College staff and any parent involved. I accept that the teachers will take appropriate disciplinary action necessary to ensure the safety, conduct and well-being of the students who are participating in this excursion/activity.

In the event of any illness, injury or accident, I authorise the obtaining of such medical assistance as my daughter may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any medical expenses thus incurred.

(Parent/Guardian Signature)

_____ **Date**

Medicare No: _____ **(for use at a Medical Centre or Surgery)**

Contact Number: **Mobile** _____ **Work** _____ **Home**

_____ **Other** _____