



# St Clare's College

## CGSSSA Netball

Dear Parents and Carers,

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

- \* **Date:** Wednesday, 24<sup>th</sup> July 2019
- \* **Venue:** Meadowbank Park Netball Courts
- \* **Address:** Adelaide Street Meadowbank
- \* **Teacher in Charge:** Miss Courtney McNally (Senior), Miss Keira Nightingale (Intermediate), Mr Andrew D'archy (Junior)
- \* **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:** Netball dress and Sports Uniform
- \* **Lunch:** Students are to bring their own recess lunch
- \* **What to bring:** A water bottle 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

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Please complete and return the consent form **to Miss Winchester at the PDHPE Department Office** before **Friday 5th of July 2019**. **No student will be allowed to attend the above excursion without this completed permission slip.**



St Clare's College  
Waverley

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

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to attend the **CGSSSA Netball Excursion** on **Wednesday 24<sup>th</sup> July 2019**. 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** \_\_\_\_\_