



# St Clare's College

25 July 2019

Dear Parents and Carers,

## TAFE Schools Cup Netball Competition

To compete in the TAFE Schools Cup Netball Competition in the Year 9/10 Division - Final Series

- Date:** Thursday, 15th August 2019
- Venue & address:** Netball NSW - Genea Netball Centre - Olympic Park
- KLA:** Sport
- Teacher in Charge:** Ms Keira Nightingale
- Wet weather plan:** Indoor courts - Will go ahead regardless of weather
- Transport:** Private bus to/from venue
- Meeting place & time:** Meet at St Clare's College by 7.00am
- Return time:** Students will return to the college by approximately 4pm
- Uniform:** School Netball Dress and Sports Uniform
- Lunch:** Students are to bring recess and lunch, water bottle and sun protection.
- What to bring:** Water bottle, personal strapping tape or other medication required and sunscreen.
- Emergency contact:** 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 your daughter commenced at St Clare's College.

Thank you for your support.

Regards,

Ms Keira Nightingale  
Teacher in Charge

Mrs Kerrie McDiarmid  
Deputy Principal



# St Clare's College

## CONSENT FORM

Please complete and return the consent form to **Ms Nightingale** by **Thursday 1st August, 2019**. **No student will be allowed to attend the above incursion without this completed permission slip.**

I have read the attached information and I give consent for my daughter, \_\_\_\_\_ in **Year 10** to attend the **TAFE Schools Cup Netball Competition 2019 - Final Series** on Thursday, **15th August 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. 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 Numbers:** Mobile \_\_\_\_\_ Work \_\_\_\_\_

Home \_\_\_\_\_ Other \_\_\_\_\_