



## Representative Sport Information NSWCCC BASKETBALL CHAMPIONSHIPS Monday 12 November & Tuesday 13 November 2018

6 November 2018

Dear Parents/Caregivers,

Following are the details of an event that has been approved by the College Leadership Team.

Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission/Medical Information Form and return it to Mr B Horder no later than Friday, 9 November 2018.

<b>Name of Organising Teacher:</b>	Mr B Horder
<b>Game and Training Dates:</b>	Monday 12 November & Tuesday 13 November 2018
<b>Venue:</b>	Hawkesbury Basketball Stadium 16 Stewart Street, South Windsor
<b>Why students should attend:</b>	Students are given the opportunity to represent the College in representative sport.
<b>The cost of the event is:</b>	No Cost
<b>Departure from College:</b>	Schofields Campus 8.00am
<b>Return to College:</b>	Schofields Campus, 4.00pm Parents/Caregivers are required to pick up students from the Schofields Campus
<b>Students transported by:</b>	Bus
<b>Students are to wear:</b>	Full College Sports Uniform
<b>Other requirements:</b>	Appropriate footwear, food, drinks, school Basketball shorts. (jerseys will be provided)
<b>Emergency contact details:</b>	If Parents/Caregivers need to contact their child urgently or should your child not be home when expected please contact the organising teacher on 0402 200 479 (Sport Coord) or the College on 9208 7200.

**PERMISSION /MEDICAL INFORMATION  
NSWCCC BASKETBALL CHAMPIONSHIPS  
Monday 12 November & Tuesday 13 November 2018**



(To be completed by Parent/Caregiver and returned to Mr B Horder no later than Friday, 9 November 2018).

I give permission for my child \_\_\_\_\_ of homeroom \_\_\_\_\_ to attend the above Representative Sport being held at Hawkesbury Basketball Stadium, 16 Stewart Street, South Windsor.

- I have completed the Medical Information Form below and I have read and understand the information regarding this excursion.
- I understand that this excursion occurs outside normal school hours and that I will be responsible for transporting my child from the chosen return point to home.
- I understand that students must wear: Full College Sports Uniform
- In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary.

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

<b>Teachers Name: Mr B Horder</b>	
<b>Student Name:</b>	<b>Homeroom:</b>
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Age at 2018 Birthday:</b>
<b>Home Telephone Number:</b>	
<b>Parents/Caregivers Work Telephone Number:</b>	
<b>Parents/Caregivers Mobile Number:</b>	
<b>Emergency Contact Phone Number:</b>	
<b>Family Doctor Name:</b>	
<b>Family Doctor Phone Number:</b>	
<b>List of any medications your child will be taking on the day:</b>	
<b>Medicare Number:</b>	<b>Private Health Fund:</b>
<b>Pre-existing illness/medical condition/injury/allergies:</b>	