



## Representative Sport Information

### Girls Basketball Gala Day - Years 7-12

### Monday, 17 September 2018

17 August 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 Brad Horder no later than Monday, 17 September 2018.

- Name of Organising Teacher:** Mr Brad Horder
- Game Dates:** Monday, 17 September 2018
- Venue Name & Location:** Penrith Regional Basketball Centre  
Herbert Street, Cambridge Park NSW 2747
- Why students should attend:** Students are given the opportunity to represent the College at the PDSSSC Basketball Gala Day
- The cost of the event is:** No Cost
- Departure from College:** Schofields Campus, 7.00am  
**Return to College:** Schofields Campus, 3.00pm
- As this excursion falls outside school hours, Parents/Caregivers will be required to arrange transport for their child to and from the Schofields Campus and home.
- Students transported by:** Bus
- Students are to wear:** Full College Sport Uniform
- Other requirements:** Appropriate footwear, drink bottle, food
- Emergency contact details:** 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**  
**Girls Basketball Gala Day - Years7-12**  
**Monday, 17 September 2018**

(To be completed by Parent/Caregiver and returned to the Mr Brad Horder no later than Monday, 17 September 2018).

I give permission for my child \_\_\_\_\_ of homeroom \_\_\_\_\_ to attend the above Representative Sport event being held at Penrith Regional Basketball Centre, Herbert Street, Cambridge Park NSW 2747.

- 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 Sport 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 Brad 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>	