



Representative Sport Information Term 3 MCS Touch Football Commencing: Thursday, 26 July 2018

3 July 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 the organising teacher via the College Office no later than Thursday, 26 July 2018.

Name of Organising Teacher:	Mr Brad Horder
Game and Training Dates:	<u>Game Dates: Thursdays</u> Term 3: 26 July - 27 September 2018 Training Dates: TBC
Venue Name:	The Kingsway
Address/Location:	The Kingsway, St Marys
Why students should attend:	The student is given the opportunity to represent the College in the MCS Touch Football. This letter explains the school's supervision procedure for Thursday afternoon sport and details the student's responsibility for knowing where they are playing and what time they will return to school.
The cost of the event is:	No Cost
Departure point and time:	Schofields Campus and then Nirimba Campus, 12.00pm
Return point and time:	Nirimba, BP Hambledon Rd, Schofields Campus, 4.00pm approx.
Students are to wear:	Full College Sport Uniform
Other requirements:	Appropriate Touch Football footwear.
Students will be transported by:	Bus
Other Transport Details:	As this event occurs outside normal school hours Parents/Caregivers are responsible for transport of their child from the chosen return point to home.
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
Term 3 MCS Touch Football
Commencing: Thursday, 26 July 2018



(To be completed by Parent/Caregiver and returned to **Mr Brad Horder** via the college office no later than Thursday, 26 July 2018.)

I give permission for my child _____ of Homeroom _____ to attend the above excursion at The Kingsway, The Kingsway, St Marys.

- 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 College 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

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