




Sacred Heart Central School

Faith & Knowledge

Event	Small Schools Rugby League
Date of Event	1/8/18
Fees payable	\$10 Petrol money for allocated driver
Venue	Boorowa
Venue Address	Boorowa Sports Ground
Time of departure	8:00 am
Time students are expected at the venue	9:30 am
Time events commence	10:00 am (under 13's) 10:30 am (Under 16's)
Where to meet	School Bus Shelter - Sutton St
Transport	Private Transport
Uniform	School Sports Uniform
School to provide	Jumpers, Shorts and Socks
Students to bring	Own mouthguard and headgear if required
Canteen available	Yes
Teachers attending	Mr Alderman
Special instructions	Return travel arrangement information asap so that we can arrange options for private transport.
Expected event finish time	2:30 pm
Return to school	4:00 pm

Permission slip and money to be paid to the front office by *Friday 27/8/18*.
Failure to return by the due date may mean that students and teams cannot attend the event.


Mr Andrew Alderman
Organising Teacher


Mrs Nicky Trinder
Assistant Principal

PLEASE RETURN THIS PAGE with any required money to the Front Office in a blue payment envelope by *Friday 27/8/18*.

CONSENT FORM

As a parent/guardian of _____ Class _____, I give my consent for him/her to participate in ***Small Schools Rugby League on Wednesday 1st August 2018*** and agree to delegate my authority to the staff and instructors involved. I understand that teachers will take whatever disciplinary action is needed to ensure students' safety and the orderly conduct of the excursion. If the above student must be returned to the school due to inappropriate behaviour I will meet the cost of transport.

I authorise teachers to seek medical attention if needed while on excursion and agree to pay any medical expenses incurred on behalf of the above student.

Signed: _____ Parent/Guardian

STUDENT COMMITMENT

I agree to meet the expectations of this excursion and to follow the instructions of the teachers. I will be of good behaviour throughout the excursion.

Signed: _____ Student

TRAVEL ARRANGEMENTS	
My child's name:	
My child will need transport arranged for them:	<input type="checkbox"/> YES <input type="checkbox"/> NO
My child will be travelling with (driver's name):	

I can provide transport ¹ to the <i>Small Schools Rugby League on Wednesday 1st August 2018</i> .			<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's Name	Driver's Licence No.	No. Lap/Sash Belts ²	Comprehensive Insurance ³
			<input type="checkbox"/> YES <input type="checkbox"/> NO
I will be taking: (student passenger names)			

1. L/P plate drivers are not permitted to transport students
2. Seat Belts - do not count front seat if vehicle is fitted with an airbag and students are under 12yrs
3. Must have comprehensive car insurance to transport other students

VOLUNTEER ROLES	
Name and contact no.	Ph:
I have the following:	<input type="checkbox"/> CPR <input type="checkbox"/> Senior First Aid
If required, I can assist as:	<input type="checkbox"/> Team Manager

WORKING WITH CHILDREN CHECK	
Working with Children Check submitted to the front office ⁴	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. This is required for volunteering or transporting students

Signed: _____ Parent/Guardian Dated: _____