

WARNERS BAY



QUALITY EDUCATION FOR ALL

Excursion Letter to Parents/Caregivers

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

Excursion/Activity	CHS Girls Hockey Knockout			
Excursion Description	Final 8 of girls CHS hockey Knockout			
Faculty	Sport			
Date(s)	Friday 26/05/2023 8:30am - 3:00pm			
Venue	Newcastle Hockey Centre			
Students/Class	16 Girls across all years			
Cost of excursion	Nil cost to students			
Transport	Students are expected to make their own way to and from the venue.			
Supervision	Renae Lewis, Jaime Rennie			
Please bring	Please bring water bottle, hat, sunscreen and insect repellant.			
Students must wear	Full School Sports Uniform			
Food	No facilities to purchase food will be available.			
Additional information	Students require a mouthgaurd and shin pads to take the field. Socks and shirts will be supplied on the day.			
	Renae Lewis Teacher in charge	<u>V</u>	Marcus Neale Principal	Mule
other school activity. Parents and ca sport associations when deciding wh Government, covers any injury resul Note: Extra/co-curricular excursions school expectations for participation	ury insurance cover provided by the NSW Departmen tregivers are advised to assess the level and extent on the the additional cover, above that provided by Mediciting in the permanent loss of a prescribed faculty or tale in the permanent loss of a prescribed faculty or tale in learning and/or behaviour may not be allowed to p	of their child's involvement in the care, is required. The NSW Sup the use of some prescribed par an opportunity to further devel participate. Attendance will be a	e sport program offered be oplementary Sporting Injuit of the body. op knowledge and skills lat the discretion of the Prin	by the school, zone, area, and state school wries Benefits Scheme, funded by the NSW earnt in class. Students who do not meet with ncipal.
Excursion: CHS Girls Hockey Knockout Date: Friday 26/05/2023 8:30am - 3:00pm Return this portion to the N/A by Monday 22 May 2023				Faculty: Spor Cost of Excursion: Nil cost to students
☐ I give permission for my child		of Year to atte	nd the excursion/activit	y above.
My child's medical details have	e NOT changed.			
☐ My child's medical details HAV school when their child's I	/E changed. My child's updated medical details a medical details change.	are attached. Note: It is the	e responsibility of	the parent/caregiver to notify the
Signed	(Parent/Caregiver) Date			