

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	U13's Rugby League		
Excursion Description	U/13s Country Cup - Rugby League tournament		
Faculty	N/A		
Date(s)	Thursday 16/05/2024 9:00am - 1:00pm		
Venue	Croudace Bay Sports Complex		
Students/Class	Year 7 Rugby League Boys		
Cost of excursion	\$6.00		
Transport	Students must make their own way to and from the venue.		
Supervision	Nick Farrar		
Please bring	Football boots, mouth-guard, headgear (optional), shorts, socks and strapping tape (if required).		
Students must wear	Full School Sports Uniform		
Food	No facilities to purchase food will be available. Please bring water bottle. Please bring recess and lunch.		
Additional information	Lakeside Sporting Complex, Raymond Terrace.		
Medical Disclaimer	<u>Nick Farrar</u> Teacher in charge	Marcus Neale Principal	Meale
other school activity. Parents and cosport associations when deciding we Government, covers any injury resunder: Extra/co-curricular excursions school expectations for participation	ury insurance cover provided by the NSW Department of Education for stude aregivers are advised to assess the level and extent of their child's involveme hether additional cover, above that provided by Medicare, is required. The Ns litting in the permanent loss of a prescribed faculty or the use of some prescrits/activities are a privilege which provide students with an opportunity to furthen in learning and/or behaviour may not be allowed to participate. Attendance of the control	ent in the sport program offered by SW Supplementary Sporting Injuri- ped part of the body. er develop knowledge and skills lea will be at the discretion of the Princ	the school, zone, area, and state school es Benefits Scheme, funded by the NSW arnt in class. Students who do not meet with cipal.
Excursion: U13's Rugby Date: Thursday 16/05/20	/ League		Faculty: N/A Cost of Excursion: \$6.00
☐ I give permission for my child	of Year	to attend the excursion/activity	above.
My child's medical details have	ve NOT changed.		
My child's medical details HA' when their child's medical det	VE changed. My child's updated medical details are attached. Note: It ials change.	s the responsibility of the pa	rent/caregiver to notify the school
Payment Method (Payment mu	ust accompany this permission form):		
Cash / Cheque:\$	enclosed Online payment: Amount paid: \$ Recei	pt number	
Signed	(Parent/Caregiver) Date		