MAL MENINGA CUP (Yr 3/4) & LAURIE DALEY SHIELD (Yr 5/6)

Dear Parents and Carers

Your child has expressed an interest towards participating in this year’s Laurie Daley Shield / Mal Meninga Cup Rugby League Gala Day. The competition is a seven-a-side modified tackle competition. There is a non-competitive NRL touch football competition as well. It is played in a round robin format and is officiated by fully qualified NRL referees and sports trainers. This year we will be participating in the Southside Gala Day in Phillip as the Northside Gala Day clashes with our swimming carnival. Details of the excursion are below.

- **When:** Wednesday 1 March 2017 (Wednesday Week 5, Term 1)
- **Where:** Phillip District Playing Fields
- **Time:** 8.45 am – 2.00 pm
- **Transport:** Private
- **Cost:** Free
- **Notes Due:** Wednesday 22 February 2017 (Wednesday Week 4, Term 1)
- **What to bring:** Lunch/recess (canteen facilities will be available), broad brim hat, sports shoes, rugby boots, mouthguard, drink bottle, full school uniform, (a playing strip will be provided on the day).

Parents/carers will need to arrange the transport of their child to and from the venue and meet me there by 8.45am. If you have trouble transporting your child to/from the venue you are encouraged to contact other parents to carpool or alternatively contact me at school to make other arrangements.

It is the responsibility of the driver to ensure that he/she carries the required driver's licence, that the vehicle is appropriately registered and insured, is roadworthy, and the number of passengers does not exceed the seat belt provision of the vehicle.

The permission note must be returned to the school no later than Wednesday 22 February. Please be aware that notes will not be accepted after the due date. Children without permission notes will not be able to attend the excursion.

Returning this note does not guarantee your child’s place in a team. Depending on the number of notes returned, we may need to hold trials and/or select students to play in the non-competitive division.

- **Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.**

- **Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful or disobedient behaviour.**

If you have any queries regarding this excursion please feel free to contact us at school on 6205 7511.

Regards

Jarryd Heywood

PE Specialist Teacher
MAL MENINGA CUP (Yr 3/4) & LAURIE DALEY SHIELD (Yr 5/6)

I have read the attached information regarding this excursion and understand what it contains.

I am aware that our school is participating in the Southside Gala Day at Phillip District Playing Fields and that I will need to organise transport for my child to and from the venue.

I give permission for my child ___________________________ in class _______ to attend the Mal Meninga / Laurie Daley Shield Rugby League Gala Day on Wednesday 1 March 2017 at Phillip District Playing Fields. I understand that he/she will be in the care of Macgregor Primary School staff for the day.

- I authorise the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. I agree to meet the costs associated with any emergency arrangement made by the teacher in charge - free ambulance transportation only applies in the ACT.

- I agree that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action.

Full name of Parent/Guardian (please print) ____________________________

Emergency contact no. ____________________________ Date: _______________

Signature of Parent/Guardian: ____________________________ Date: _______________

We have a copy of your child’s Medical Information Form lodged in our records. Please complete the section below only if your child’s medical circumstances have changed since lodging the form with the school.

ADDITIONAL MEDICAL INFORMATION

NAME: __________________________________________ CLASS: _______________

________________________________________________________________________

________________________________________________________________________

SIGNED: ____________________________ DATE: _______________