



Representative Sport Information

Term 1 & 2 MCS Soccer

Commencing: Friday, 10 March 2017

3 March 2017

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 Slip/Medical Information Form and return it to the organising teacher via the College Office no later than Tuesday, 14 March 2017.

| | |
|---|--|
| Name of Organising Teacher: | Mr C Chapman |
| Game and Training Dates: | Game Dates: Thursdays Terms 1 & 2: 16 March - 29 June Term 2: Final date to be advised dependant on finals and place in competition ladder Training Dates: None |
| Venue Name: | Various School and Council Venues |
| Address/Location: | Venues will be confirmed when the draw is finalised |
| Why students should attend: | The student is given the opportunity to represent the College and compete against other schools in the MCS Soccer Competition. |
| 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, by 4.00pm |
| Students are to wear: | Full College Sport Uniform |
| Other requirements: | Drink, hat, sunscreen, soccer boots, shin pads |
| 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 0447 277 254 (Sport Coord) or the College on 9208 7200. |

PERMISSION /MEDICAL INFORMATION
Term 1 & 2 MCS Soccer
Commencing: Friday, 10 March 2017



(To be completed by Parent/Caregiver and returned to **Mr C Chapman** via the College Office no later than Tuesday, 14 March 2017).

I give permission for my child _____ of homeroom _____ to attend the above Representative Sport being held at Various School and Council Venues. Venues will confirmed when the draw is finalised.

- ☐ 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 drop off point 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

MEDICAL INFORMATION

Student full name: _____ Date of birth: __/__/__

- ☐ In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary.

| | |
|--|------------------------------|
| Teachers Name: Mr C Chapman | |
| Student Name: | Homeroom: |
| Address: | |
| Date of Birth: | Age at 2017 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: | |