



Sporting Event Information

Term 1, 2017 MCCS Touch Football

Commencing: Thursday, 2 February 2017

25 January 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/Medical Information and return it to the organising teacher via the College Office (no later than Wednesday, 1 February 2017).

Name of Organising Teacher: Mr C Chapman

Game and Training Dates: Game Dates: Thursdays

Term 1: 2 February - 6 April 2017

Training Dates: None

Venue Name: Doyle Park, Parramatta

Address/Location: Isabella Street, Parramatta

Why students should attend: The student is given the opportunity to represent the College and compete against other schools in the MCCS Touch Football Competition.

Departure point and time: Schofields Campus and then Nirimba Campus, 12.00pm

Return point and time: Nirimba, BP Hambledon Rd, Schofields Campus, by 3.30pm

Students are to wear: Full College Sport Uniform

Other requirements: Water bottle, sunscreen

Unable to Play/Attend: Students are asked to give their coach at least 24 hours notice if they can not play/attend a game. Students who do not give satisfactory notice may be overlooked for future representative teams.

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.

Sport Information Line Details: Please contact the Sports Information Line (9208 7265) for further details.

PERMISSION / MEDICAL INFORMATION FORM

Term 1, 2017 MCCS Touch Football

Thursday, 2 February 2017



(To be completed by Parent/Caregiver and returned to the organising teacher via the College Office no later than Wednesday, 1 February 2017).

I give permission for my child _____ of Homeroom _____ to attend the above excursion at Doyle Park, Parramatta, Isabella Street, Parramatta.

☐ I have completed the Medical Information Form below and I have read and understand the information regarding this excursion.

☐ 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

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:	