



## **Sporting Event Information**

### **Term 2 MCCS Hockey**

### **Commencing: Thursday, 4 May 2017**

1 May 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, 3 May 2017.

<b>Name of Organising Teacher:</b>	Mr C Chapman
<b>Game and Training Dates:</b>	Game Dates: Every Thursday in Term 2 4 May - 29 June 2017 Training Dates: To Be Advised
<b>Venue Name:</b>	Doyle Park, Parramatta
<b>Address/Location:</b>	12 Buller St, North Parramatta
<b>Why students should attend:</b>	The student is given the opportunity to represent the College and compete against other schools in the MCCS Hockey Competition.
<b>The cost of the event is:</b>	No Cost
<b>Departure point and time:</b>	Schofields Campus, 12.00pm
<b>Return point and time:</b>	Nirimba, BP Hambledon Rd, Schofields Campus, by 3.30pm
<b>Students are to wear:</b>	Full College Sport Uniform
<b>Other requirements:</b>	All students MUST have a MOUTH GUARD and LONG SOCKS. Shin pads and sticks supplied by the college.
<b>Students will be transported by:</b>	Bus
<b>Other Transport Details:</b>	As this event occurs outside normal school hours Parents/Caregivers are responsible for transport of their child from the chosen return point to home.
<b>Emergency contact details:</b>	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 2 MCCS Hockey**  
**Commencing: Thursday, 4 May 2017**

(To be completed by Parent/Caregiver and returned to Mr C Chapman via the College office no later than Wednesday, 3 May 2017).

I give permission for my child \_\_\_\_\_ of Homeroom \_\_\_\_\_ to attend the above Sporting Event being held at Doyle Park, Parramatta, 12 Buller St, North Parramatta.

- ☐ 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 College 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

<b>Teachers Name: Mr C Chapman</b>	
<b>Student Name:</b>	<b>Homeroom:</b>
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Age at 2017 Birthday:</b>
<b>Home Telephone Number:</b>	
<b>Parents/Caregivers Work Telephone Number:</b>	
<b>Parents/Caregivers Mobile Number:</b>	
<b>Emergency Contact Phone Number:</b>	
<b>Family Doctor Name:</b>	
<b>Family Doctor Phone Number:</b>	
<b>List of any medications your child will be taking on the day:</b>	
<b>Medicare Number:</b>	<b>Private Health Fund:</b>
<b>Pre-existing illness/medical condition/injury/allergies:</b>	