

St Margaret's Netball 2017



Monday 17th April 2017

Dear Parents/Guardians,

As part of the Beaconsfield Primary School Netball teams your child has earned the right to compete in the Netball Tournament run by St Margaret's School. This has been a great achievement on their part, congratulations.

When: Thursday 4th May 2017 (As well as Friday 5th May 2017 *if we make the final*).

Transport: Private transport.

Time: We will be leaving the school at 8:30am, please be at school by 8:15am, and returning by 3:15pm. As per our Excursion Policy we will wait no longer than five minutes after the stated departure time. Students who arrive later than this will stay at school.

Where: St Margaret's School, Berwick, Melways Ref: 111, D9.

Cost: \$12.00 (Entry fee & Umpire Costs).

Special requirements: Your child will need to wear their uniform to school but bring appropriate footwear and clothing to change into, this will be discussed with the team at training. The students will need to bring a drink bottle, lunch and healthy snacks, a coat, a hat and asthma medication if required.

How can you help: We require parents to transport players to and from the venue on the day.

Due date for notice and money: Monday 1st of May 2017

Meaghan Ryan
Netball Tournament Co-ordinator.

.....
(Please detach and return to school by 9:00am Monday 1st May 2017)

Beaconsfield Primary School – St Margaret's Netball 2017

Student's Name: Student's Grade:.....

I enclose \$12.00 as full payment for the excursion.

Method of Payment (please tick): Cash Chq Credit Card/EFT BPAY

If using BPAY method, please make sure you send the permission note back the next day.

I consent to my child taking part in **the St Margaret's Netball 2017 on Thursday 4th May and Friday 5th May 2017 (should we make the finals)** and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

- Consent my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Contact number for this excursion:

Signature of parent/guardian: Date:.....

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

I am able to help transport to and from the Netball Tournament on Thursday 4th May 2017 and **I have a current Working With Children Card registered with Beaconsfield Primary School.**

NameContact Phone Number

INDEMNITY FORM
FOR USE OF PRIVATE MOTOR VEHICLE
THIS FORM MUST BE COMPLETED & RETURNED



Beaconsfield
PRIMARY SCHOOL 1890

OPTION 1: TO BE COMPLETED IF YOU ARE DRIVING YOUR OWN CHILD

I give permission for my son/daughter _____ to be transported in my car.

Does your car have Private Comprehensive Insurance?

Yes No (Please circle)

Registration No. _____

Event: St Margaret's Netball

When: Thursday 4th May (As well as Friday 5th May 2017 *if we make the final*)

Time: 8.30 am – 3.15 pm

Where: St Margaret's School, Berwick, Melways Ref 111 D9

If, due to unforeseen circumstances, I am unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community. (Option 2 must then be completed).

Parent's Name: _____

Signature: _____ Date: _____

Emergency phone number if contact needs to be made ON THIS DAY _____

OPTION 2: TO BE COMPLETED IF YOU REQUIRE YOUR CHILD TO BE DRIVEN IN ANOTHER CAR

I give permission for my son/daughter _____

to be transported by private car which is covered by Private Comprehensive Insurance.

Event: St Margaret's Netball

When: Thursday 4th May (As well as Friday 5th May 2017 *if we make the final*)

Time: 8.30 am – 3.15 pm

Where: St Margaret's School, Berwick, Melways Ref 111 D9

If, due to unforeseen circumstances, the nominated driver is unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

Parent's Name: _____

Signature: _____ Date: _____

Emergency phone number if contact needs to be made ON THIS DAY _____

OPTION 3: TO BE COMPLETED IF YOU ARE ABLE TO TRANSPORT EXTRA CHILDREN IN YOUR CAR

I have a current Working With Children Card that is Registered with Beaconsfield Primary School.

Name _____

Contact Phone Number _____

Working with Children's card Number _____

How many children can you safely transport in your car? _____ (Please fill in a number)