



6.2.20

Dear Parent / Guardian,

Your child has expressed an interest in representing the school in the;

AFL YEAR 5&6 CUP
Australian Rules Football Carnival
on THURSDAY 27th February
Allinsure Oval, Queenbar Road, Queanbeyan.

There are events; Competitive and Participation pools. The Year 5-6 Cup Participation pool consists of 9-a-side teams competing in a round robin gala day. The games are played using modified AFL Rules. These rules allow children who are new to the game to experience and enjoy AFL in a safe and fun environment. The development division is for those teams that just want to participate in a fun day.

- Bus departs school 9.15am to return by 2.45pm.
- Cost is \$5.50. Covers entry and bus travel.
- All students will be transported by bus to and from the event.
- There will be a canteen in operation.
- For the day students require; **lunch/fruit, water bottle, sunscreen, medicals (puffer, Epi-pen etc), school hat, school polo shirt, blue sports shorts, sneakers, weather appropriate clothing.**
- Students can wear football boots, headgear and a mouthguard if they have them.

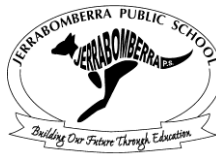
For further information on this event please email me.

Regards,

Richard Hancock.

richard.w.hancock@det.nsw.edu.au

Please retain this sheet for your information. Complete the attached note and return to class.



JERRABOMBERRA PUBLIC SCHOOL

Please complete and return to your class teacher by MONDAY 17th February.

Australian Rules Football Carnival:
AFL Year 5&6 Cup.

I give permission for my child of Class to attend a sporting excursion to:

Allinsure Oval, Queenbar Road, Queanbeyan.
On THURSDAY 27th February

- I understand that travel on this occasion will be by bus.
- Cost \$5.50.
- Students will need: **lunch/fruit, water bottle, sunscreen, medicals (puffer, Epi-pen etc), school hat, school polo shirt, blue sports shorts, sneakers, weather appropriate clothing.**

☐ I have enclosed payment of \$..... Cash/Cheque OR

☐ I have paid online – Receipt number _____ Date paid: __/__/2020

Go to school website: **<https://jerra-p.schools.nsw.gov.au>** and select '\$ Make a payment'

Online payment details

In 'Payment Options' please select: Sport

In 'Payment Description' please insert: AFL Gala Day

MEDICAL INFORMATION

The following medical information is important to your child's safety and wellbeing.

- | | | |
|--|--------------------------------|----------------------------------|
| <input type="radio"/> No Medical Issues | <input type="radio"/> Asthma | <input type="radio"/> Diabetes |
| <input type="radio"/> Any allergic condition | <input type="radio"/> Epilepsy | <input type="radio"/> Other..... |
| <input type="radio"/> ADD/ADHD | | |

Please list any medication to be taken during the excursion and times that such must be administered:

.....
.....

I give permission for my child to receive medical treatment in case of an emergency ☐ Yes ☐ No

Parent Emergency Contact No: Name:

Signed:

Date: