



Gilmore Primary School
Heagney Crescent Gilmore ACT 2905
E: info@gilmoreps.act.edu.au W: www.gilmoreps.act.edu.au

P: 6205 7844
F: 6205 7845



NRL Daley Shield & Touch Football Competition

On Wednesday 7 March 2018, NRL Development Canberra will be hosting an NRL and Touch Football Competition at Phillip Playing Fields for Primary School students in Years 4, 5 and 6.

Your child has expressed interest in playing on this day. Please give your child permission to attend by signing and returning the parent/ carer consent form attached.

Please be advised that the NRL Daley Shield is a competitive competition with NRL tackle requirements. The NRL Touch Football will be a non-competitive competition.

On the day all students will need –

- School uniform/ running shorts
- bottle of water
- hat with name clearly marked
- packed recess and lunch
- Covered shoes

- Students playing the Daley Shield will need to bring a mouth guard.

If you have any queries or concerns, please feel free to contact me at school on 6205 7844.

Regards,

Dahlia Seden
Teacher - Year 5/6





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EXCURSION CONSENT FORM

EXCURSION: NRL Daley Shield and Touch Football
DATE: Wednesday 7th March, 2017

DEPARTURE TIME: 9.15am **RETURN TO SCHOOL:** 2.30pm

TEACHER IN CHARGE: Dahlia Seden/ Rachel Salter
PARTICIPATING STAFF:

COST PER STUDENT: Nil

ADDITIONAL INFORMATION/ TRANSPORT REQUIREMENT:

Please indicate your transport needs:

- I can transport my child to and from the event.
- I can transport other students if required to and from the event.
- I need transport for my child.

Students will need to wear their full school uniform, appropriate footwear and sun smart hat. Students are also asked to bring a water bottle.

Please fill in the permission form attached and return to the front office of the school by Thursday 29th of February.

Permission Note for NRL Daley Shield and Touch Football

I, _____ hereby give permission for my son/daughter
 _____ to attend the NRL DALEY SHIELD Rugby/ TOUCH FOOTBALL
 COMPETITION at Phillip District Playing Fields on Wednesday 7th March, 2018. (Please
 complete over page)





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Please tick appropriate boxes:

- I understand that the ACT department of Education does not maintain a compensation scheme to cover students injured on school excursions or cover loss or damage to student property while at school or on excursions so I need to take out my own insurance to cover such emergencies should they occur, including ambulance cover outside the ACT.
- I authorise the school to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency.
- I agree that my child/children will be under the authority of the school for the duration of the excursion and that the school is authorised to return the student to school if the school considers that circumstances warrant such action.

My child has the following medical condition that may need treatment on the day;

I will provide the following medication for my child in a clearly marked container. (This should be handed to the teacher in charge on arrival at excursion location)

Parent contact if needed during excursion (Necessary)

Parent/Carer: Name: _____ Phone: _____

Staff accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property that may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this camp/excursion. The school has made every effort to keep costs for this activity at a reasonable level. This is an enrichment activity so a payment will be required to cover all costs. The school reserves the right to cancel the activity should all cost not be covered. Individual records of contributions are confidential.

Parent/Guardian Signature: _____ Date: ____/____/____

