



Open hearts • Inquiring minds

31 October 2017

Dear Parents/Carers,

“GAME ON” BRUMBIES CLINIC

To complement the transdisciplinary skills of cooperation and healthy lifestyle, year 3, 4 and 5 students have the opportunity to participate in the “Game on” rugby clinic offered by the Brumbies Rugby Club. The clinic will take place at Red Hill School over a 5 week period from Wednesday 8th November to Wednesday 6th December. Below are the details for the clinic.

- Day/Date:** Wednesday 8th, 15th, 22nd and 29th November and Wednesday 6th December 2017
- Session Length:** 45 minutes per session
- Venue:** Red Hill School Oval
- Cost:** \$10.00 **Due Date for Payment Tuesday 7th November**
- What to Bring:** Sports shoes, hat, appropriate active wear and water bottles (mouth guard recommended)

Important information:

This clinic is being subsidised by the school to ensure the cost to families is kept to a minimum. Permission slips and payment must be returned to the school by **10.00am on Tuesday 7th November** to confirm that your child will be attending. We particularly encourage students to participate, who are interested in competing in the Matt Giteau cup which takes place early next year.

If you are happy for your child to participate in the “Game on” Brumbies Clinic, please return the completed permission note and payment to your child’s classroom teacher no later than **10.00am Tuesday 7th November 2017**.

Kind regards,

Dianne Peios
PSSA Coordinator



Fee code: BRUMBIES

GL Code: 8050-000-00

RED HILL SCHOOL PERMISSION FORM – Years 3, 4 and 5 “Game on” Brumbies Clinic

This signed consent form and money should be returned to your child’s classroom teacher no later than 10.00am Tuesday.7th November 2017

I give permission for my child _____ in Class _____ to attend the “Game on” Brumbies Clinic each Wednesday 8th November to Wednesday 6th December 2017.

- Enclosed is a cheque/cash to the value of \$10.00 to cover the cost of the excursion.
- On-line payment made on (date) _____ receipt number _____
Please ensure that this permission form is returned to your child’s teacher
- Information previously provided on the PINK A5 Medical Information and Consent form is current.
Please advise front office staff of any changes

I have read the attached information regarding this excursion and understand what it contains. I understand the student will be under the authority of the school for the duration of the excursion. I authorise the teacher in charge to make any arrangements, medical or otherwise necessary for the welfare of my child and agree to meet any costs incurred. This may include the cost of returning the child home should circumstances warrant. Staff accompanying students on excursions will take all reasonable care while the 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 which 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. In the case of unacceptable or dangerous behaviour, arrangements may be made to exclude a child or arrange for them to be sent home at the expense of the parents.

Name of Parent/Carer (please print): _____

Signature: _____ Date: _____

Red Hill operates within the guidelines of the Education Act. As this excursion/camp is an optional enrichment activity, we are requesting parent payment to cover the cost. (Student Support funds are available if you are experiencing financial hardship. Please contact the principal or business manager to arrange financial assistance if this is the case). However, as this clinic is already being subsidised by the school it may be cancelled if we received insufficient funds to cover the cost.