

15th May 2019

Dear Parent,

Your child is invited to travel to Katherine to represent our school in the sport of Rugby League. The trip is scheduled for the 6th – 7th June 2019. **The price of the 2019 trip will be $50 per person**.

Katherine High School have kindly donated use of their air-conditioned sports hall as accommodation for the duration of the stay.

**\*\*PLEASE NOTE\*\*\*   
THERE ARE 17 POSITIONS EACH on U16 Eels Cup & U14 Top End Shield teams  
PLEASE RETURN FORM ASAP TO AVOID DISSAPOINTMENT.**   
 **KATHERINE TRIP**

WHAT TO BRING:  
\* Sleeping bag/Bed roll – NO LARGE BEDDING- Space is very limited  
\* Pillow  
\* 1 SMALL Backpack for change of clothes (NO LARGE SUITCASES WILL BE PERMITTED)  
\* 3 changes of clothes  
\* Saints Polo shirt *($25 - available for purchase from www.mackillopsaints.com)*  
\* Football boots  
\* Footwear (closed in)  
\* Thongs  
\* Towel  
\* Mouth guard   
\* Swimwear  
\* Money (small expenditure)  
\*\*\*Please travel as light as possible!! We have only limited space!!!\*\*\*

MACKILLOP CATHOLIC COLLEGE   
RUGBY ACADEMY: KATHERINE TRIP (U16 EELS CUP & U14 TOP END SHIELD)

Dear Parents/Guardians

Your son is invited to attend:

**WHAT**: Katherine Trip  
  
**COST: $50  
  
WHERE**: Katherine, NT  
  
**WHEN**: 6th – 7th May 2019  
  
GAMES: U14 Top End Shield – MacKillop v Katherine  
 U16 Eels Cup – MacKillop v Katherine

**TIMES**: LEAVE: 10:30am depart MCC 6th May 2019  
 RETURN: Approx. 3:00pm 7th May 2019  
 (**PLEASE NOTE RETURN TIME IF YOUR CHILD CATCHES SCHOOL BUS**)

**STAFF**: Mr. David Graham (ph. 89305757 or [david.graham@nt.catholic.edu.au](mailto:david.graham@nt.catholic.edu.au))

**TRANSPORTATION**: Coach/Mini Bus **SEAT BELTS**: YES  
 **PARENTS/GUARDIANS** Students will need to supply their own rugby safety equipment.   
***MacKillop Catholic College will take no responsibility for failure to wear proper protective gear.   
In case of injury: ALL injuries will be treated seriously and assessed by accredited medical staff.   
Parents will be notified immediately of any situation concerning the wellbeing of their child.***  
\*Football boots   
\*Mouth guard  
\*head gear  
**PLEASE SEPARATE AND RETURN NOTE BY**: **FRIDAY 31st MAY 2019.**  
\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_   
**CONSENT FORM**I give permission for my son \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to travel to Katherine and participate in the Rugby league matches associated with the Katherine Trip.

**I understand that undesired behaviour will not be tolerated and I may be asked to travel to Katherine to collect my child or pay for alternative transport to have them returned home.**

Parents/guardians signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Parent name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**PLEASE RETURN NOTE BY**: **FRIDAY 31st MAY 2019.**

**MACKILLOP CATHOLIC COLLEGE RUGBY LEAGUE TEAM 2012**

**MEDICAL FORM**

Parent/s Name: ­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PLEASE PRINT)

* I am expressing interest for my child to attend the Katherine Trip.
* I understand that my child may travel in a private/organised vehicle.
* I understand that the trip involves contact sport activities.
* I understand that if selected I will be asked to contribute the required $50 payment for the trip.

**Personal Details**

|  |  |  |
| --- | --- | --- |
| Student’s Name:  Parent Mobile No:  Email: |  | Grade and Class: |

|  |  |  |
| --- | --- | --- |
| Home Address: |  | Date of Birth: (dd/mm/yyyy) |

**Emergency Contacts**

**Name Relationship Phone Home Phone Work**

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| --- | --- | --- | --- |
| 1. |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

# Existing Medical Conditions

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| --- |
|  |

## Medicare Number Private Health Fund Number

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |