



# Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560  
PO Box 90 Campbelltown NSW 2560  
Phone: (02) 4627 1800 Fax: (02) 4628 5289  
Email: ambarvale-h.school@det.nsw.edu.au

Principal: Ms L Barnott-Clement, M.A., M.Ed., B.A., Dip.Ed.  
Deputy Principal: Ms S Arts, M.Ed., B.Sci., Dip.Ed.  
Deputy Principal: Ms E Fitzgerald, B. Health Science, Dip.Ed.

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**Excursion Information and Consent**  
**Handball NSW High Schools State Championships**  
**Blacktown Leisure Centre, Stanhope Parkway & Sentry Drive, Stanhope Gardens**

Dear Parent

Your child has been selected to participate in the Opens School European Handball team in the State Championships run by Handball NSW. The purpose of this participation is to represent our school and enable students to further develop teamwork and communication skills. It will allow students to apply the knowledge and skills learned in training at school.

**When:** Monday, 6 April 2020. The competition is anticipated to run from 8:00am to 2.30pm.

**Time:** To be advised on a separate information note when the draw is released (usually one week prior to the event).

**Where:** Blacktown Leisure Centre, Stanhope Parkway & Sentry Drive, Stanhope Gardens

**Itinerary and transport:**

- Parents are responsible for organising their child's transport to and from Centennial Stadium.
- Students will be made aware of game times as soon as the draw has been released and is available.
- Students must be at the venue by the specified time and picked up at the specified time for departure. The supervising teacher will remain with and supervise the students at the venue until they have been collected by a parent.

**Cost:** \$22.00. All monies must be paid online via ([www.ambarvale-h.school@det.nsw.edu.au](mailto:www.ambarvale-h.school@det.nsw.edu.au)) or to the office by Tuesday, 24 March 2020. No payments will be taken after this date.

**What to bring:** Joggers, food and/or money for the canteen as well as water.

**Dress Code:** Students are required to wear an Ambarvale High School basketball singlet which will be supplied by the school. This jersey is to be returned at the end of the Regional Championships. Black or blue shorts should be worn. If there are any issues with this, please contact Miss Ryan. Students will wear the Ambarvale High School sports uniform to and from the event.

**Supervising Teacher/s:**

**Emergency Care**

**First Aid Certificate**

**Teacher in Charge:** Miss A Ryan



**Emergency Contact Number:** 4627 1800

*Please complete and sign the permission note attached and provide relevant medical information.*

Mr J Garrido  
Relieving Head Teacher PDHPE  
2 March 2020



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**Excursion Information and Consent**  
**Handball NSW High Schools State Championships**  
**Blacktown Leisure Centre, Stanhope Pkwy & Sentry Drive, Stanhope Gardens**

I give permission for my child \_\_\_\_\_ to attend the Handball NSW High Schools State Championships on Monday, 6 April 2020 at Blacktown Leisure Centre, Stanhope Parkway & Sentry Drive, Stanhope Gardens. I understand that parents are responsible for organising their child's transport to and from Blacktown Leisure Centre. I understand that students will need to be at the venue by the specified time and must be picked up by the time communicated by the supervising teacher prior to the event. I understand that my child must wear approved footwear during each match. I understand the cost of the event is \$22.00 and needs to be paid via ([www.ambarvale-h.school@det.nsw.edu.au](mailto:www.ambarvale-h.school@det.nsw.edu.au)) or to the office by Tuesday, 24 March 2020; no payments will be taken after this date.

My child will be travelling to and from the venue with: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Diet requirements \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Medicare Number (optional) \_\_\_\_\_

**Parent/Emergency Contacts:**

|    | Name  | Contact Number | Relationship to Student |
|----|-------|----------------|-------------------------|
| 1. | _____ | _____          | _____                   |
| 2. | _____ | _____          | _____                   |

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_