



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 M McKenzie, B.A., Dip.Ed.
Deputy Principal: Mr D Macpherson, Dip.Teach.

Educational IncurSION Information and Consent For Rugby League during School Sport Term 2, 2019

Dear Parent

Your child has expressed interest in participating in a school Rugby League skills and development group during school sport. Your child will be coached and taught skills to participate in Rugby League at a school sport level. The sport is well structured and organised with student safety as our most important priority. Students must participate in a mandatory trial during weeks 1 and 2 of Term 2 and show an adequate level of tackling skill, as Rugby League is essentially a body contact sport.

They will develop the skills and knowledge to participate safely in Rugby League at school as most sport lessons will consist of body contact and tackling drills and skills.

When: Term 2 during allocated sport periods

Where: Rosemeadow Playing Fields, Rosemeadow 2560

Cost: \$NIL

What to bring: Mouthguard (**COMPULSORY**), football boots, socks, shorts and a drink bottle. Players are encouraged to wear Australian approved head gear designed primarily to protect the ears and head against abrasions.

Dress Code: Full school uniform to be worn to school. All football attire to be packed in a bag. All students must return to normal classes in full school uniform. If students do not adhere to this they will be removed from this sport.

Supervising Teacher: Emergency Care First Aid Certificate Accredited Rugby League Coach

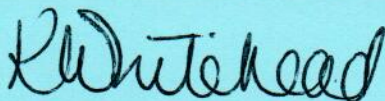
Miss Phillips	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mr Palmer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Emergency Contact Number: 4627 1800

Other:

It is essential for parents and students to read through the following 'play NRL Code of Conduct' document: <https://playnrl.com/media/2367/2014-final-national-code-of-conduct-131024-lr.pdf>. This code of conduct applies to all students participating in Rugby League for Ambarvale High school.

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

PP 

Mrs K Page
Head Teacher PDHPE
10 March 2019



Miss M Phillips
PDHPE Teacher
Rugby League Coach



**Educational Incursion Information and Consent
Rugby League Trial and Training**

I give permission for my child _____ of year _____ to participate and develop skills for Rugby League, at Ambarvale High School in 2019. I understand that they will participate during school sport periods, at Rosemeadow playing fields. I understand that my child will return to class as per normal at the end of each session. I also understand that students must be in full school uniform at the conclusion of the sessions and must return to class on time.

While I appreciate the efforts made by the school to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in what is essentially a body contact sport. I understand that the wearing of a correctly fitted mouthguard is mandatory and it is recommended to wear protective head gear during tackling drills and game play to protect ears and head from abrasions.

I also understand that my child and I need to be aware of the NRL Code of Conduct which can be accessed via this link; <https://playnrl.com/media/2367/2014-final-national-code-of-conduct-131024-lr.pdf>

If my child fails to adhere to the conditions above, they will not be eligible to trial or train and this may result in them being dismissed from the team.

Under no circumstances should my child be allowed to play/participate in the following positions:

MEDICAL INFORMATION:

Medical conditions _____

Allergies _____

Medication _____

Other _____

Medicare Number (optional) _____

Parent/Emergency Contacts:

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

Parent Signature: _____ **Date:** _____

**Please return permission note to the
PDHPE Staffroom ASAP.
No note, allocated another sport for the term. No note, no participating.**