Dear Parents/Guardians,

On Wednesday 9th March, 2016 the Meninga Cup and Daley Shield are to be held at the Phillip District Oval. The Meninga Cup is a competition for Year Three/Four students. The Daley Shield is a competition for Year Five/Six students. The format for the day will be a Gala Day with schools playing in a round robin competition. It is a 7-a-side carnival for boys and girls.

This note is to inform you that your child has expressed an interest in playing in the Meninga Cup or Daley Shield. Please note that this is a contact sport with tackling. A mouth guard must be worn with head gear and other protective gear being strongly encouraged.

When the carnival organisation is finalised I will forward any additional information that is required. It will be up to parents to arrange transport for their children on the day.

There will be one teacher in attendance on the day. With more than one squad to organise, I am asking that parents volunteer to coach/manage our teams. Please fill in the appropriate section on the Consent Form if you can assist.

Training for the teams will take place at lunchtimes, when children are advised. Children must bring suitable clothing for their training sessions, which is not their school uniform.

If you give permission for your child to participate in the competition, to attend the training sessions and be placed into a team, please complete the attached Consent Form and return it by Monday 22nd February. Children will not be able to attend if they do not return this note.

Where: Phillip District Oval  
When: Wednesday 9th March, 9am – 2pm

Yours sincerely,

Greg Rick  
Sports Coordinator
Please return by Monday 22\textsuperscript{nd} February

As a parent/guardian of ____________________________ of Class _______

I, __________________________ give consent for him/her to represent St Anthony's Parish Primary School in the:

- Meninga Cup (yr 3/4)
- Daley Shield (yr 5/6)

(please circle relevant competition)

On Wednesday 9\textsuperscript{th} March, 2015 at Phillip District Oval.

***I understand that it is my responsibility to get my child to and from the carnival.***

Signed: _________________________________

CONSENT TO MEDICAL ATTENTION: In the case of an emergency, I authorise the teacher in charge, where it is impracticable to communicate with me, to arrange for my child to receive such medical attention as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and medication while the child is on the excursion.

Name: ____________________________ (pleases print)

Signed: _________________________________  Emergency contact no: __________________

Coach/Manager always needed. Please consider helping with a team.

Many thanks.

☐ I, ____________________________ am able to coach/manage a team.

Ph. Number ____________________________

Working with vulnerable people registration number __________________