



Bellinghen Public School

William Street
PO Box 42
Bellinghen NSW 2454

Principal: Vanessa Cavanagh
Phone: 02 6655 1147
Fax: 02 6655 2615
Email: bellinghen-p.school@det.nsw.edu.au
Web: www.bellinghen-p.schools.nsw.edu.au

Netball NSW School Cup

1/5/2024

Dear Parent/ Guardian.

Your child has would like to represent our school during a Netball NSW Gala Competition. We will be competing at Macksville Valley Netball Association, Macksville Netball courts, depending on advice of court suitability, on Tuesday the 5th of June 2024. Miss Byrne and Miss Pitt will be supervising students at the event, but students will require **private transport** to attend. **Students need to return notes ASAP to avoid missing out on this opportunity, as there are limited numbers. Priority will be given to notes and payments returned first.**

Date: Wednesday the 5th of June 2024.

Venue: Macksville Netball Courts, Willis Street, NSW, 2448

Start time: 9:00am – Teachers/Managers Briefing (games start 9.30am)

Finish time: 2:30pm – all games will be completed by this time.

Transport: Private

Cost: \$4

Students to bring: healthy snacks, lunch & recess, drink bottle with water, appropriate footwear, spare socks, school uniform, raincoat, sunscreen, and a school hat. Students are to supply their own strapping. Please remove all jewellery (earrings, bracelets, necklaces, etc) and watches prior to the games. Fingernails are to be short.

Important: If your child receives music tuition on this day, please inform their tutor.

Courtney Byrne & Grace Pitt
Sport Organiser

Ness Cavanagh
Principal

.....
Netball Gala School Cup Wednesday 5/6/2024. Please return note by 29/5/2024.

I give permission for my child _____ of class _____ to participate in the Netball NSW School Cup to be held at Macksville Netball Courts, depending on advice of court suitability. My child will be transported to the event by _____. I understand it is my responsibility to organise transport for my child to and from the event.

In the case of an accident or emergency I give permission for you to obtain medical assistance for my child.

YES NO

I give permission for the attending **Teacher** to administer any medications, including an EpiPen they feel is necessary for the treatment of my child. YES NO

I grant permission for my child to participate and appear in video or audio recording, films, photographs, written articles, or on websites and social media sites. YES NO

My child has the following medical conditions that you need to be aware of

The preferred option for payments is via our online payment system. Please complete the permission note and return it to your child's teacher with a completed School Bytes payment of \$4.00

I have paid online (Receipt number) _____ (preferred option)

I've enclosed the \$4

Signed: _____ Name: _____ Contact Number: _____
(Parent/ Caregiver)