



# Bellingen Public School

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## Netball NSW School Cup

Dear Parent/ Guardian.

Your child has been nominated to represent the school during a Netball NSW Gala Competition. We will be competing at Coffs Harbour Netball Association, Vost Park, depending on advice of court suitability, on Wednesday the 5<sup>th</sup> of May. Miss Byrne will be supervising students at the event but students will require **private transport** to attend.

**Date:** Wednesday the 5<sup>th</sup> of May 2021.

**Venue:** Coffs Harbour Netball Association, Vost Park, Murray Drive, Coffs Harbour.

**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

**Covid Safe:** Each team can bring a **MAXIMUM** of 25 people in their team, this includes players, teachers, coaches, umpires, and Spectators. Hand sanitiser will be available upon entry to the Venue, please bring some to use between games.

**Spectators:** Spectators are allowed, but with limited spaces we ask that the parents drop off students and pick up at 2:30pm.

**Students to bring:** Healthy snacks, 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 and watches prior to the games. Finger nails are to be short.

**Canteen:** Will be open on the day.

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

This excursion has the approval of the Principal.

Miss Byrne  
**Organiser**

  
Vanessa Cavanagh  
**Principal**

### Netball Gala School Cup Wednesday 5/5/2020

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the Netball NSW School Cup to be held at Vost Netball Courts, Coffs Harbour 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 Epi pen 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

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
(Parent/ Caregiver)

Contact Number: \_\_\_\_\_