



# Bellinghen Public School

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## DYLAN EDWARDS – BELLINGHEN VALLEY LEGEND GALA DAY EVENT AT CONNELL PARK, BELLINGHEN

**DATE:** Wednesday 28th February 2024  
**VENUE:** **Connell Park, Bellinghen.**  
**TIME:** **Students walk from Bellinghen Public School at 9am to Connell Park**  
Teams Arrive approx. 9.30am  
Games Start- **10:00am - 2:00pm**  
**DIVISIONS:** **Year 5/6 Mixed League Tag & Year 3/4 Mixed League Tag**  
**Years 5/6 Tackle**  
**REFEREES:** NRL Game Development staff, Group 2 Referee's  
**FIRST AID OFFICERS:** NRL Level 1 Sports Trainers  
**RULES:** Gala Day Rules

- All matches are played under the NRL Safe Play Code and Gala Day Rules
- Games will be 15 minutes straight
- VESTS DO NOT have to be changed due to shortened game times
- NO Goal kicks
- Mod League Rules will apply as per the Laws of the Game
- League Tags rules apply
- All teams will play with 7 players plus any reserves as required

**COST:** NIL  
**CANTEEN:** Yes, Bellinghen/Dorrigo Magpies JRL  
**STAFF:** NRL Game Development Staff & Group 2 Referee's  
**TEAM NUMBERS:** 7 x players on the field with 10 players total per team

This event has approval of the Principal.

Courtney Byrne  
Organising Teacher

Ness Cavanagh  
Principal

### Dylan Edwards Bellinghen Valley Legend Gala Day Permission Note

**Dylan Edwards Bellinghen Valley Legend Gala Day Wednesday 28/2/2024. Please return note by 24/3/2023.**

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the Dylan Edwards NRL Tackle & League Tag Gala Day to be held at Connell Park Bellinghen on Wednesday the 28<sup>th</sup> of February 2024, from 9:30am – 2pm.

Please circle the division for your child

**Year 5/6 Mixed League Tag**

**Year 3/4 Mixed League Tag**

**Year 5/6 Tackle**

In the case of an accident or emergency I give permission for you to obtain medical assistance for my child. I give permission for the attending **medical officer** to administer any medications, including an Epipen, that they deem necessary for the treatment of my child.

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

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

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

*Making learning meaningful, relationships positive and individuals successful.*