



# HENRY KENDALL HIGH SCHOOL

Principal – Andrew Backhouse

## SCHOOL SPORT COMPETITION

Dear Parent/Caregiver

10 October 2016

Your child has been selected to represent Henry Kendall High School in the Junior Girls or Boys Waterpolo Competition (15yrs and under).

Date of competition: Boys – Monday 17 October 2016 or  
Girls – Tuesday 18 October 2016

Venue: Gosford Pool

Cost: Pool Entry \$4.10

Mode of transport: Own arrangements – students will be walking back to school at the end of their match.

Time: 8.45am at the pool.

Finish time: It is a knockout competition. Students will return to school after they lose a game which could be as early as 10.00am or as late as 2.30pm.

Dress to and from venue: School Sports Uniform. This includes suitable footwear.

Uniform for game: Swimmer or Skins with a tie for boys and a one piece for girls. Students should also wear a mouthguard.

Team coach/supervising teacher: Mrs Keft

**Please complete details below and return by Friday 14 October 2016. If photos are taken on this excursion, we require your permission to publish these in our newsletter and website. Please indicate below if you give permission.**

N.B No student will attend an excursion if the permission note have not been received prior to the excursion date.

Yours faithfully

Relieving Principal: ..... Teacher: .....  
Donna James Dawn Keft

**(This excursion is part of the students' learning program and has the Principal's approval)**

✂ .....

**Please return this note to Mrs Keft by Friday 14 October 2016**

I hereby consent to ..... (student's name) in Year \_\_\_\_ participating in the Junior Boys or Girls Waterpolo on Monday 17 October or Tuesday 18 October 2016 at Gosford Pool. I also give permission for photographs to be taken and published in the school's newsletter and/or school website - **YES / NO** (please circle).

.....  
Parent/Caregiver Name (Please print) Parent/Caregiver Signature Date

Is your child Anaphylactic

☐ No

☐ Yes

Allergic to: .....

Where will the EpiPen be located on this excursion:

Special needs of my child of which you should be aware (e.g., allergies, medication – please provide full details):

Parent/Caregiver Contact No(s): ..... (on date of this excursion)

Student's Mobile No: .....