



MANLY WEST PRIMARY SCHOOL

GRIFFITH STREET, BALGOWLAH 2093

Tel: 9948 2257, 9948 1959

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21st of July 2022

Basketball Gala Day

Your child has been selected in a team, which will be playing in the Manly Warringah Basketball Gala Day at the NBISC, Jackson's Rd, Warriewood on Monday the 1st of August. We will be leaving school at 8:15am for a 9:00am start. This is a whole day competition and the children will be back at school by 3:00pm. We would appreciate any assistance with coaching and scoring on the day. If you are able to help, please confirm below. Students will wear their sports uniform. If they own a Manly West Basketball Jersey, please bring this along as well.

\$30 will be added to your child's semester account. This covers bus transport and the entry fee.

Many thanks,

Jimmy Richards
Basketball Coach

Julie Organ
Principal

PERMISSION NOTE –GALA DAY– RETURN TO Mr Richards

Privacy Advice:

The personal information provided on this consent form will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this excursion. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so may impede the resolution of welfare issues if you are not able to be contacted. This information will be stored securely. You may access or correct any of the details at any time by contacting the school.

I hereby consent to my child _____ in class _____ to represent Manly West in the Basketball Gala Day competition on Monday the 1st of August, 2022. I am aware that some children in our school could have a severe reaction if they come in contact with nuts and will avoid sending nuts (or any bi-product) with my child. I also understand that transport to and from this event will be by private vehicle.

Special needs of my child of which you should be aware (ie: allergies, medication).

- ☐ medication (please state) _____
☐ food requirements (please state) _____
☐ asthma ☐ epilepsy ☐ other (please state) _____

Allergies

- ☐ sun ☐ grass ☐ dust ☐ pollen ☐ insect bites
☐ allergy to the following medication/s: _____
☐ other (please state) _____

We request that parents supply a "bumbag" or similar for asthma & or anaphylactic medications to be carried on all excursions.

Can you help?

I am able to assist with coaching and/or scoring. Name: _____

SIGNATURE of PARENT/GUARDIAN

DATE