

# Regional T Ball Finals 2018



**Beaconsfield**  
PRIMARY SCHOOL 1890

Tuesday 24<sup>th</sup> July 2018

Dear Parents/Guardians,

Your child has been selected in our school T Ball team to compete in the Regional T Ball Finals 2018. This will be a whole day event.

**When:** Wednesday 15<sup>th</sup> August 2018

**Where:** Mornington Baseball Club, CB Wilson Reserve, Wilson Road, Mornington

**Time:** Registration at 9:30am and first games will **start** at 10:00am.

**Transport:** Private car - Parents transporting their own child or helping with transportation of other children will need to be at school **by 8.15am as we will be leaving at 8.30am.** The last games will be finished around 2:45pm and we will be returning to school approx. 3:30pm. **Parents are welcome to transport their own child directly to and from this event but please let me know if you intend to do so.** All students must return the attached form regarding transportation.

**Cost:** \$Nil

**Teacher in Charge:** Mr Nick O'Shea

**Special requirements:** Your child will need to wear their school uniform to and from the event. Students will be provided with a Beacy team top at school on the day. Students will also need to bring a drink bottle, healthy snacks, lunch and asthma medication if required.

**How can you help:** Parents who are available to assist with the transport of the students, please complete option 3 as attached.

**Due date for notice:** Friday 10<sup>th</sup> August 2018

Regards, Nick O'Shea

(Please detach and return to school by Friday 10<sup>th</sup> of August 9:00am)

## Beaconsfield Primary School - Regional T Ball Finals 2018

Student's name: ..... Student's Grade.....

I consent to my child taking part in **Regional T Ball Finals 2018** and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

- Consent my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Contact number for this excursion: .....

Signature of parent/guardian: .....

Date:.....

The Department of Education and Training requires this consent to be signed for all students attending school excursions. I am able to help at the Regional Netball Finals on Wednesday 15<sup>th</sup> of August 2018 and **I have a current Working With Children Card registered with Beaconsfield Primary School.**

Name .....

Contact Phone Number .....

Working with Children's card Number.....

INDEMNITY FORM – FOR USE OF PRIVATE MOTOR VEHICLE

***THIS FORM MUST BE COMPLETED & RETURNED***

**OPTION 1: TO BE COMPLETED IF YOU ARE DRIVING YOUR OWN CHILD**

I give permission for my son/daughter \_\_\_\_\_ to be transported in my car.

Does your car have Private Comprehensive Insurance?

Yes No (Please circle)

Registration No. \_\_\_\_\_

**Event:** Regional T Balll Finals

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**Time:** Leaving from school at 8:30am. Team briefing at 9:30am and first games will **start** at 10:00am. The last games will be finished around 2:45 pm and we should return to school by approx. 3:30pm.

If, due to unforeseen circumstances, I am unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

**(Option 2 must then be completed).**

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency phone number if contact needs to be made ON THIS DAY \_\_\_\_\_

**OPTION 2: TO BE COMPLETED IF YOU REQUIRE YOUR CHILD TO BE DRIVEN IN ANOTHER CAR**

I give permission for my son/daughter \_\_\_\_\_

to be transported by private car which is covered by Private Comprehensive Insurance.

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If, due to unforeseen circumstances, the nominated driver is unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency phone number if contact needs to be made ON THIS DAY \_\_\_\_\_

**OPTION 3: TO BE COMPLETED IF YOU ARE ABLE TO TRANSPORT EXTRA CHILDREN IN YOUR**

**I have a current Working With Children Card that is registered with Beaconsfield Primary School.**

Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Working with Children's card Number \_\_\_\_\_

How many children can you safely transport in your car? \_\_\_\_\_ (Please fill in a number)