



Friday, February 19, 2021

## 2021 Stage 3 - Michael Weyman Shield Rugby League Gala Day

Dear Parents/Grandparents/Caregivers,

Merimbula Public School is entering teams in the Rugby League Gala Day scheduled for Friday March 12, at the Pambula Sporting Complex.

Your child has expressed interest in playing as part of the:

7 a side rugby league

**OR**

League tag Competition

Students will need to provide their own shorts, socks and boots. **Mouthguards are compulsory** and head gear is highly recommended **for those playing in the tackle competition**. Students must wear moulded sole football boots.

Students will also need a broad brimmed hat, sunscreen, a water bottle and their lunch and recess.

*Students requiring Asthma/Anaphylaxis medication (Ventolin/EpiPen) are required to take their medication with them.*

Students will travel to/from the ground on a bus which will incur a \$6 fee. It will leave from school at approximately 9.15am and return for bell time at the end of the day. Payments must be made online via our school website at <https://merimbula-p.schools.nsw.gov.au/>

Please return permission note and make the \$6 online payment by Friday March 5, 2021.

Regards  
Michelle Hulme  
Principal

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### Payment slip for Stage 3 Rugby League Gala Day (please return to the office by Friday March 5, 2021)

Dear Ms Hulme,

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the Stage 3 Rugby League Gala Day at Pambula Beach Sporting Complex on Friday March 12, 2021.

I understand that travel will be via bus, to and from Pambula Sporting Complex.

In the event of illness, I authorise the seeking of such medical assistance on my behalf that my child may require.

I understand that if playing in the tackle competition that my child must have a mouthguard and moulded sole football boots.

Special needs of my child of which you should be aware are: \_\_\_\_\_

I have made the \$6 online payment via the school website. My receipt number is: \_\_\_\_\_

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

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

