



# Grose View Public School

~ A future focused school ~



Education  
Public Schools

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18 May 2022

Dear Parents/Carers

## 2022 HAWKESBURY CUP NRL GALA DAY

Your child \_\_\_\_\_ has nominated to participate in the 2022 Hawkesbury Cup NRL Gala Day. We are taking 1 Senior team (U12) and possibly 1 Junior team (U10) to participate against students aged between 9-12 years old.

The Gala Day will be held on Monday 20 June at Whalan Reserve. Travel to and from Whalan Reserve will be by private vehicle. You will need to have your child at Whalan by 8.30 am and arrange pickup at approximately 2.30 pm if we make the finals. You can keep an eye open for our Facebook updates throughout the day.

This Gala Day will have modified rules and **does require tackling**. All students will be supplied with a Grose View PS jersey and it is highly recommended that they wear head gear.

To ensure students are competition ready, we would like to run extra training sessions over the next few weeks in the lead up to the Gala Day before/after school. Students will also have training sessions during lunch times.

Students are required to wear their **full sports uniform** including joggers and a school hat. Students will need to bring: head gear; a mouth guard; a packed recess and lunch; a drink bottle; and sunscreen.

A canteen or BBQ may also operate on the day if students wish to bring money.

Please complete the permission note below and return to school by **Monday 23 May 2022**.

Yours sincerely

Mrs Tamara Hopkins  
Assistant Principal

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## GROSE VIEW PUBLIC SCHOOL 2022 Hawkesbury Cup NRL Gala Day

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the 2022 Gala Day on Monday 20 June at Whalan Reserve.

- I am able to transport **my child** to Whalan Reserve **and** \_\_\_\_\_ **additional students**.
- I will need transport for my child to Whalan Reserve.
- I give permission for my child to **play tackle NRL** in mixed teams.
- My child can attend the before/after school training sessions

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact phone number on the day: \_\_\_\_\_

Medical needs or information: \_\_\_\_\_