Dear Parents and Carers,

Connells Point Public School will be entering the Georges River PSSA Rugby League competition for the first time in Season 2. Trials for the Junior and Senior teams will be held next week and if needed, the week after. During these sessions, players will be assessed on their passing and catching skills, their ability to tackle safely, their suitability for a position, their confidence in contact sport and teamwork. We have guidelines to follow regarding matching positions to physiques and students will not be picked if a position is not suitable for their body type.

Whilst the school will do all it can to minimise the possibility of injury, there will remain some degree of risk inherent in participation as it is a body contact sport. Once the team is selected, all students will have to wear a mouthguard to training as well as during the game. If a student does not have a mouthguard, they will not participate.

The competition will be run for Georges River PSSA by the Dragons and each game will be refereed by qualified referees. The NRL/ARL Safe Play Code will be followed during these games. Attached is a permission note which needs to be completed and returned to school before Wednesday 22 May, allowing your child to try out for the team.

Mrs A. Hewson
Principal

Miss J. Benson
Teacher
RUGBY LEAGUE PERMISSION FORM

Details of Coaches

<table>
<thead>
<tr>
<th>NAME OF COACH</th>
<th>QUALIFICATIONS AND EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenny Benson</td>
<td>Level 1</td>
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</tbody>
</table>

Principal’s signature: _______________________________

Date: ___________________

PERMISSION TO PLAY RUGBY LEAGUE

Connells Point Public School.

I give permission for my child ______________________________ to play rugby league as part of the PSSA sport program of the school.

While I appreciate the efforts made by the school to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in what is essentially a body contact sport. I understand that the wearing of a correctly fitted mouthguard is mandatory in all games and training sessions.

Under no circumstances should my child/ward be allowed to play/trial in the following positions:

________________________________________________________________________

Parent/Carer __________________________________________
(Please Print)

Signature: _____________________________________________

Date: ___________________