



Trinity Grammar School

Rugby Clinic

July School Holidays 2009

Years 2 – 6

Improve your Rugby Skills and Fitness with 3 days of intensive coaching. Learn skills at appropriate learning levels, so that you gain the knowledge, confidence and experience to ensure success and long-term development.

Mr. Darran Rawson, Special Duties Master Trinity Preparatory School will conduct the clinics along with Mr. Neil Scotney, Trinity Grammar School PDHPE Co-ordinator.

- Where - Trinity Grammar School, Summer Hill
- When - Wednesday 22nd July – Friday 24th July 2009
- Time - 9:00am – 3:00pm
- Bring - Trinity Rugby Gear
Trinity Hat
Sports shoes
Rugby Boots
Mouth Guard
Drink Bottle
Lunch (Tuesday and Wednesday only)
BBQ Lunch provided on Friday
- Cost - \$190 for 3 days (This amount will be added to your school fees)
- All participants will receive:
- drinks and fruit daily
 - BBQ lunch on Friday

Trophies are awarded each day to boys who show commitment, co-operation and determination.
Book early to avoid disappointment, as numbers are limited to 80 participants.
All payments are non refundable

**Enquiries –Darran Rawson, Preparatory School 8732-4658
drawson@trinity.nsw.edu.au**

***Please return the permission slip and medical form to the
Junior School/Prep School Reception.***

Trinity Grammar School

Rugby Clinic Permission Note & Medical Form

9:00am – 3:00pm Wednesday 22nd July –Friday 24th July, 2009

Please complete this form and ask your son to hand it to his class teacher or Secretary to confirm your booking. Parents should assume that enrolment has been accepted unless you are otherwise notified by email. Whereupon enrolment is accepted payment is non refundable.

Name _____ Class _____

I give permission for my child to attend the Trinity Grammar School Rugby Clinic from the 22nd – 24th July 2009. I authorise the coaches and staff of the Trinity Grammar School Rugby Clinic to act for me, according to their best judgement, in any emergency requiring medical attention and to call on the services of an ambulance if needed. I agree to accept responsibility for any costs involved.

Parent/Guardian Signature

Date

Son's Date of Birth: _____

Medicare No: _____

1. Has your son ever suffered from:

Allergies Yes/No

Diabetes Yes/No

Asthma Yes/No

Heart or lung complaint Yes/No

Epilepsy Yes/No

Details: _____

2. Is your son taking any DRUG or MEDICATION or under any type of TREATMENT or have any CONDITION which may prevent full involvement in the programme? If yes, please give details or attach note. (Eg. Ventolin for Asthma, NB Asthmatics should bring a spare puffer)

Details: _____

3. Has your son had, or been in contact with, any infectious diseases (including the normal childhood diseases) in the past three months? If yes, please give details or attach a note.

Details: _____

4. Does your son have any special dietary/food requirements? If yes, please give details or attach a note.

Details: _____

Primary Contact Person – Parent or Guardian contact details.

Name: _____ Relationship: _____

Email address _____

Contact No. (H) _____ (W) _____ (M) _____

Secondary Contact Person – Parent or Guardian contact details.

Name: _____ Relationship: _____

Contact No. (H) _____ (W) _____ (M) _____

*Please return the permission slip and medical form to the
Junior School/Lewisham Campus/Prep School Reception.*

Trinity War Cry

Trinity War Cry

Ringa Pakeha
Kamate Kamate

Ka – ore Ka – ore
Tingate Tangate

Bura Hura
Na Na I Tiki Mai

Foka Fiti Tay Rah!

Hoopani Koopani
Hoopani Koopani

Witi Tay Rah!

Kissa Kissa Kissa Ha
Kissa Kissa Kissa Ha

Winna Tee Winna Tee
Tee Tee Ta
T-R-I-N-I-T-Y
TRINITY