



# ST ALOYSIUS

CATHOLIC COLLEGE

6<sup>th</sup> April 2017

## Grade 7-10 GIRLS SATIS AFL 2017

Dear Parents/Guardians,

Your child has expressed interest in being a member of the St Aloysius 7-10 AFL Girls Team competing in the SATIS Roster.

**When:** Tuesday nights - First game 8<sup>th</sup> August (6 games), last game 12<sup>th</sup> August (plus final on 19<sup>th</sup> Sept)

**Time:** Games start at 4:15pm

**Where:** Participating schools

**Cost:** \$0

**Hire a Football top** from the uniform shop: \$20 (refunded \$10 on its return)

If parents cannot provide transport to the games, the school is committed to do so as a way to encourage participation and improve health outcomes of our students. Transport will be provided by school bus, Wisby bus or maxi-taxi's. Parents are responsible for collecting the students from the venue at the conclusion of the game.

I would be excited to hear from anyone who would be interested in assisting with coaching duties, as well as umpiring or scoring. I am happy to help roster parents on different weeks, if you cannot commit to the full roster. If you are able to assist in any way, please leave your details on the permission slip below and return by **Thursday 6<sup>th</sup> April**. The adult in charge of the team must have a current Working with Vulnerable People registration card.

Training will take place during lunch times at school.

If you have any questions please do not hesitate to contact me on [marcelle.ottaway@catholic.tas.edu.au](mailto:marcelle.ottaway@catholic.tas.edu.au).

Mrs Marcelle Ottaway  
HPE Teacher

Mr Joe Sandric & Mr Brendan Gill  
Co Principals

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**RETURN SLIP – Grade 7-10 SATIS GIRLS AFL Roster**

I give permission for \_\_\_\_\_ in Grade \_\_\_\_\_ to participate in the SATIS AFL roster.

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Working with vulnerable people registration number: \_\_\_\_\_

Please circle if you are able to help:

Coach Yes / No

Umpire Yes / No

Score Yes / No

Not comfortable doing the above, but willing to be the team Adult Supervisor (manage team and any injuries) Yes / No



**SACC Sports Uniform  
Hire Agreement**

Students Name: ..... Grade: .....

Sport (please circle)      Basketball / Netball / Football

**Parent/Guardian**

Students Name: ..... Grade: .....

Herein known as the Hirer agrees to hire the sports clothing as defined below from St Aloysius Catholic College under the following terms and conditions:-

1. The hirer agrees to be bound by the financial terms of the hire agreement as defined below.
2. The clothing will be cared for and maintained in good condition by the hirer whilst in their possession.
3. The hirer agrees to return the clothing to the College at the expiry of their sport season and at that time of return the clothing will be in clean condition. The College agrees to then refund the deposit paid.
4. The hirer will notify the College in the event the clothing is lost, stolen or in need of repair.
5. The hirer acknowledges that without payment of the hire charges in full the clothing will not be supplied.
6. A replacement charge will be levied if the clothing is not returned and the deposit paid will be forfeited.

**Basketball / Netball / Football** (please circle)

Hire Fee (inc deposit)	\$20
Refundable Deposit	\$10
Replacement charge if not returned	\$40

Clothing details      Size ..... Number ..... (office use)

Signed (Parent/Guardian) ..... Date    /    /





# ST. ALOYSIUS

CATHOLIC COLLEGE

## PARENTAL CONSENT FORM FOR STUDENTS TRAVELLING IN TAXIS

I/We give our consent for my/our child \_\_\_\_\_

to travel in a taxi /maxi taxi to attend an after school sporting roster in 2017

Parent/s Name/s: \_\_\_\_\_

Parent/s Signature/s: \_\_\_\_\_

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

Dates and locations will vary throughout the roster.

