



Clayburn Middle School



Principal: Ms. Linda Pollastretti
Vice-Principal: Mrs. Heather Reid

Office Staff: Mrs. Debbie Horseman
Mrs. Marcia Janzen

March 15, 2019

Grade 7 and 8 Girls' Rugby
Dear Parents,

Rugby season is here. This year we have Mr. Wade Peary as our Head Coach (Principal of Riverside College in Mission). The team manager will be Ms. Cassy Crawford (LSS teacher). Games will start in the first week in April and the season ends at the end of May. Games are generally held on Tuesday or Thursday and practice is Monday and Wednesday from 3:30 – 5:15. A league schedule of games will be sent home with the players when the season gets closer. Practices are starting after Spring Break (with a couple of optional sessions during the break) and they will occur rain or shine, players need to be ready for the weather! **Please use Remind 101 on your phone (app) or email to be constantly updated on practices and games via Ms. Crawford.**

Mr. Peary will be having sessions through Spring Break for those students who can attend. A Remind will be sent out with this information so please download the app as soon as possible.

There is a player fee to play rugby. This cost covers certified officials, league costs, tournament costs, shorts, socks and a mouthguard. The fee to play rugby is **\$90**. The preferred method of payment is online, but cheques are made payable to Clayburn Middle.

Students will not be able to play in games without payment.

Thank you,
Cassy Crawford
cassy.crawford@abbyschools.ca



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The Supervisor in Charge is: Ms. Crawford

PARENTS/LEGAL GUARDIANS ARE REMINDED TO MAKE ANY SPECIAL ARRANGEMENTS WHICH MAY BE REQUIRED WITH RESPECT TO MEDICAL OR OTHER INSURANCE COVERAGE.

Teacher's Signature _____ Date _____

Please complete the form below and return it to your school.

I hereby give consent for my child _____ to participate in Gr. 7/8 girls' rugby, and have included / paid the \$90.00 fee. Payment can be cash, cheque (made payable to Clayburn Middle School) or online.

Medical Concerns (if any) _____

- I confirm that my child is covered by BC Medical Plan. MSP# _____
- I confirm that my child is covered by a private medical plan

Name of Insurance Plan _____ Policy # _____

Accidents can be the result of the nature of the activity and can occur with or without any fault on the part of the student, the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described, is suitable for your child.

I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date

Address

Phone Number

Payment made by: Cash \$ _____ Cheque No: _____ OnLine _____ Receipt No: _____