



November 2024

Geagte Ouer/Voog

## RUGBY 2025: USN HIGH SCHOOLS WEEK

Die skool beplan om deel te neem aan die USN High Schools Rugby Week te Camp Discovery (Dinokeng). Ons deel graag meer inligting rakende hierdie toer met u.

### Datum

28 tot 31 Maart 2025

### Vervoer

Busse vertrek op 28 Maart en keer terug op 31 Maart, na afloop van die toernooi.

### Koste

- Die totale koste per speler is **R3 250-00**.
- Die toernooikoste sluit in **verblyf, etes en vervoer**.

### Betaling

- Toergelde kan by die skool se finansieskantoor of in die skool se rekening inbetaal word.

#### Bankbesonderhede

Rekeningnaam	:	Hoërskool Oos-Moot
Bank	:	First National Bank (FNB)
Rekeningnommer	:	63124628041
Takkode	:	210835
Verwysing	:	Pr341+span+speler naam en van (bv. PR341HnelRugby14)

- Alle kostes is betaalbaar voor of op **8 Maart 2025**.
- **Let wel:**
  - Indien 'n ouer nie hierdie verpligting kan nakom nie is dit die verantwoordelikheid van die ouer om 'n skriftelike reëling met mev. A Jacobs ([finansies@oos-moot.co.za](mailto:finansies@oos-moot.co.za)) te tref voor die aanvang van die toer.
  - Leerders wat borge nodig om hul toere te help finansier kan borgvorms by mnr. B le Roux afhaal.
  - Ouers kan nou reeds betaling vir die toer begin doen. In die geval waar u seun nie deel uitmaak van die 2025 toergroep nie, sal die gelde oorgedra word na u skoolfondsrekening.
  - Geen leerder sal toegelaat word om op toer te gaan indien die volle bedrag betaal is of daar 'n reëling reeds in plek is voor die afsnydatum vir betalings nie.

Die ouer is van die wete dat alle en enige nodige kommunikasie vroeëtydig met die organiseerder Bart le Roux ([rugby@oos-moot.co.za](mailto:rugby@oos-moot.co.za)) getref sal word en dat dit die verantwoordelikheid van die ouer is om die organiseerder in kennis te stel van enige relevante sake rakende u kind vir hierdie aangeleentheid.

Die onderskeie ouderdomsgroepe (sien name van personeellede) moet asseblief die **dokumentasie hieronder gelys**, op die laatste **8 Maart**, by die personeellid inhandig.

- Toestemmingsbrief (Aanhangsel A aangeheg)
- Geboortesertifikaat (Afskrif)
- Mediese inligting (aangeheg) en mediese fonds kaart (Afskrif)
- Allergiebrief indien nodig

### Wedstryde en program vir die week

'n Wedstrydprogram en program vir die week sal beskikbaar gestel word, sodra ons dit ontvang.

## Benodigdhede

Wedstrydtrui, broek, kouse en rugbystewels	Swemklere
Oefenklere vir elke dag	Hardloopskoene
Ontspanningsdrag	Slaapsak, kussing en kombers (oord verskaf nie beddegoed nie)
Oosie-drag	Toiletware, handdoek
Warmklere vir aande of koue dae	Sakgeld
Sweetpak	Bybel
Eie medikasie (indien nodig + sonskerm)	Een rol rekbare bindpleister (50mm of 75 mm breed) <i>Handig asseblief in by afrigter met aanvang van toer.</i>
Flits	Eetgerei (mes, vurk, lepel, bord, bakkie, koppie, waterbottel, lappie)
Notaboek en penne	Slot en sleutels vir sluitkas

Oos-Moot groete

S THERON  
TOESIGHOUENDE HOOF

B PRETORIUS  
SPORTHOOF

B LE ROUX  
ORGANISEERDER



**SCHEDULE 3  
FORM 1**

**PARENTAL EXCURSION/TOUR CONSENT FORM**

Note: This to be completed by a parent legal guardian/person acting in parental capacity of the learner who will undertake an excursion/tour.

**1. DETAILS OF LEARNER**

1.1	Name	
1.2	Grade	
1.3	School	

**2. DETAILS OF THE SCHOOL**

2.1	District	
2.2	Name of School	
2.3	Name of Principal	

**3. DETAILS OF EXCURSION/TOUR**

3.1	Destination	
3.2	Purpose of excursion/tour	
3.3	Proposed departure date	
3.4	Proposed arrival date	

**4. WATER ACTIVITIES**

Can your child swim?

Yes

No

Do you give permission for your child to swim?

Yes

No

**5. CONSENT BY PARENT/LEGAL GUARDIAN/PERSON ACTING IN PARENTAL CAPACITY**

I, \_\_\_\_\_ (parent/legal guardian/acting in parental capacity) do hereby consent to the above learner undertaking the excursion/tour, and confirm that –

5.1 have been advised and fully understand the purpose, nature and risks associated with this excursion/tour:

5.2 have been informed by the school of all the relevant details associated with this excursion/tour, including the itinerary, arrangements for travel, accommodation, contact details of the excursion/tour manager and other associated details:

5.3 understand that in the event of accident or injury to the above learner that all reasonable steps will be taken by the excursion/tour manager to contact me and if cannot be reached contact my relatives indicated to obtain consent for any necessary emergency medical treatment and/or any emergency medical operation:

Name of Person	Relationship to the learner	Contact details
		Home: Work: Cell phone: Email: Fax:
		Home: Work: Cell phone: Email: Fax:

5.4 have completed the medical questionnaire to ensure the safety of my child; and have been provided with a copy of the school's discipline rules in terms of which the learner will undertake the excursion/tour.

**6. DETAILS AND SIGNATURE OF PARENT/LEGAL GUARDIAN/PERSON ACTING IN PARENTAL CAPACITY**

6.1	Name	
6.2	Capacity	
6.3	Address	
6.4	a) Contact telephone number	
	b) Cell number	
6.5	Signature	
6.6	Date	



**SCHEDULE 2  
FORM 1**

**MEDICAL QUESTIONNAIRE**

1.	School Name			
2.	Name of Learner			
3.	Date of Birth			
4.	Nature of Tour			
5.	Name of Parent/Legal Guardian			
6.	Home Address			
7.	Home Telephone/Cell no.			
8.	Work Telephone			
9.	Work Address			
10.	Do you belong to a medical aid (X)			
	Name the Fund			
	Medical Aid Number			
11.	Name of Family Doctor			
12.	Telephone Number			
13.	Is your child allergic to any food (X)	Yes		No
13.1	If Yes, specify			
14.	Is your child allergic to any medication (X)	Yes		No
14.1	If yes, please give details			
15.	Is your child presently taking any medication?	Yes		No
15.1	If so, please give a detailed list of medication and the dosage prescribed			
Details of Person Providing the Information				
Relationship to learner				
Print Name				
Signature of Parent				
Date				