Tuesday 24th February, 2015

Dear Parent/Guardian,

As part of the Year 10 PE course, your child is required to complete the following external excursions throughout the year. The details of the excursions are listed below:

**Bounce**
10 PE BP (02) Tuesday 26th May (Week 5, Term 2)
10 PE MS Thursday 28th May (Week 5, Term 2)
10 PE BP (03) Friday 29th May (Week 5, Term 2)

**Time:**
- BP (02): Lesson 7+8 (2-3pm), MS: Lesson 5+6 (12-1pm)
- BP (03): Lesson 3+4 (10-11am)

**Venue:**
Bounce: Richmond Road, Richmond

**Transport:** Bus

What to wear: School Sports Uniform

What to bring: Drink Bottle, Recess/Lunch

**SAPSASA Officiating**

Date: Monday 21st OR Tuesday 22nd September (Week 10, Term 3)

Time: 8:00am – 3:00pm

Venue: SANTOS Stadium

Transport: Students will need to meet at the gate at 8.00am where we will walk to and from the venue

What to wear: School sports uniform

What to bring: Hat, Sunscreen, Recess, Lunch and water bottle

**Golf**

10 PE (MS) Thursday 15th & 22nd Oct Lesson 5 & 6 (Week 1 & 2, Term 4) Time: 12pm-1pm
10 PE (BP 02) Tuesday 20th & 27th Oct Lesson 7 & 8 (Week 2 & 3, Term 4) Time: 9am-10am
10 PE (BP 03) Friday 23rd & 30th Oct Lesson 3 & 4 (Week 2 & 3, Term 4) Time: 10:20am-11:20am

**Venue:** Adelaide Par 3 Golf Course

Transport: Students to meet at the gate at the beginning of their lesson ready to walk to the venue.

What to wear: School Sports Uniform

What to bring: Hat, Sunscreen, Recess / Lunch and a drink bottle

**Aquatics**

Day/Date: Monday 2nd November OR Tuesday 3rd November (Week 4, Term 4)

Time: 8:00am – 4:00pm

Venue: West Lakes Aquatics Centre, 100 Military Rd, West Lakes.

Transport: Students to meet in the assembly area at 8:00am ready to leave on the bus at 8:15am. Students will return to school by 4:00pm. If parents would like to drop their child to the venue this must be specified on the consent form below.

What to wear: School Sports Uniform

What to bring: Hat, Sunscreen, closed in water shoes, Lunch, Water, Warm Jumper, Wetsuit (if available)
The above excursions are included in the excursion levy as part of your school fees.

Students will need to meet their teacher in the assembly area at the specified time for each excursion. Please note that some excursions will leave before and arrive back at school outside of school hours so students may need to arrange alternative transport and from school.

Can you please complete and sign the attached school consent form and aquatics Consent form and ask your child to return both forms to the PE consent form black box.

Please be aware that if your child does not return a signed consent form and a medical form, they will not be allowed to attend these excursions and this will affect their practical grade. A diary note or signed piece of paper will not be accepted for any of these excursions.

If you have any questions or you have concerns with your child attending any of these excursions please don’t hesitate to call me on the number provided.

Yours in Christ

Magan Schaefer
P.E./Sport Coordinator
Consent to Participate in the following 2015 Year 10 excursions

As parent/guardian ........................................ (parent/guardian name) of ........................................ (student’s name)

I give consent for my child to participate in the Bounce, SAPSASA Officiating, Golf and Aquatic excursions.

I agree to delegate my authority to supervising excursion staff in the event of an accident or illness and in an emergency situation where an ambulance is not available within a reasonable period of time, I consent to my child being transported to a hospital/medical/dental clinic or to an ambulance by a staff member in a school or private car. In the event of an accident or illness involving my child, and contact with me or my emergency contact being impossible or unsuccessful despite repeated attempts, I authorise the teacher in charge to consent to whatever emergency/critical medical or surgical treatment a registered medical practitioner or dentist considers urgent and necessary. I agree that I will be responsible for all medical/dental/hospital expenses incurred on behalf of my child. I consent to my child’s doctor or medical specialist being contacted in an emergency.

......................................................  ......................................................
Signature  Date

Emergency Contact name: ........................................ Relationship to student: ........................................

Mobile: ........................................  Home: ........................................  Work: ........................................

Student Address: ........................................  Student Mobile: ........................................

Medical Contact details

Student’s Doctor / Specialist name: ........................................

Medical Centre name: ........................................

Student’s Specialist contact number: ........................................

MEDICAL INFORMATION FOR THIS STUDENT RELEVANT TO THE EXCURSIONS LISTED ABOVE: