Wednesday 25th March, 2015

Dear Parent/Guardian,

As part of the Year 11 PE, your child is required to complete the following four activities throughout the year. The details of the excursions are listed below:

**Netball Umpiring Course**
Date: Monday 4th and 11th May (Week 2 and 3, Term 2)
Time: Lessons 3 & 4
Venue: Temple classrooms and Netball Court.
Details: Students to meet in the assembly area at start of their lesson
What to wear: Sports uniform
What to bring: Whistle, Water bottle and Lunch.

**Aquatics**
Date: Tues 13th, Wed 14th OR Thurs 15th and Fri 16th October (Week 1, Term 4)
Time: 8:00am – 4:00pm
Venue: West Lakes Aquatics Centre, 100 Military Rd, West Lakes.
Transport: Bus leaving at 8:15am (students can make their own way to the venue as long as this is specified on the consent form below)
What to wear: Casual clothes are acceptable for this excursion
What to bring: Hat, sunscreen, spare warm clothes, closed in water shoes (old shoes), wetsuit (if owned). The Year 11 PE class will attend only two consecutive days from those listed above. Students will be notified by the end of Term 3.

**Squash**
Date: Tuesday 20th, 27th October, 3rd, 10th & 17 November (Weeks 2-6, Term 4)
Time: 11:45am-1:15pm
Venue: West Adelaide Squash Centre, Henley Beach Road.
Transport: Students will need to meet at the gate at 11:40am where we will walk to and from the venue.
What to wear: School sports uniform
What to bring: Water bottle, Recess and Lunch

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.

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 11 excursions

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

I give consent for my child to participate in the following excursions: Netball Umpiring Course, Aquatics and Squash

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 ........................................
........................................................................

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: ..............................................................................................