Thursday 23rd July, 2015

Dear Parent/Guardian,

As part of the Year 11 S & R Course, 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 7 + 8
- **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.

**Touch Football**
- **Date:** Thursdays (Weeks 1-5, Term 3)
- **Time:** Thursdays: 9:15-10:25am
- **Venue:** Temple Oval
- **What to wear:** Sports uniform

**Mixed Touch Football Carnival**
- **Date:** Thursday 27th August
- **Time:** 8:30am-3:30pm
- **Venue:** City Touch Fields, Cnr Beaumont & Greenhill roads, Eastwood
- **Transport:** Bus
- **What to bring:** Water bottle, Recess, Lunch, Soccer/Football boots (if owned)
- **What to wear:** School sports uniform

**Ice Hockey**
- **Date:** Fridays (Week 1 Term 3- Week 3 term 4)
- **Time:** 8:50-10:05am, Lesson 1 + 2
- **Venue:** The Ice Arena Dome, Port Road, Thebarton.
- **Transport:** Walking
- **What to bring:** Water bottle, Lunch, Ice skates (if owned)
- **What to wear:** School sports uniform

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

Emily Hyde
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, Touch Football (in class), Touch Football Mixed Carnival and Ice Hockey

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: