Dear Parent/Guardian,

As part of the Year 12 PE course your child will complete their final two practical unit’s offsite. The details of these excursion are below:

**Squash**
**Date:** Tuesday 27th May, 2nd, 9th, 16th June, 28th July, 4th, 11th, 18th, 25th August and the 1st of September (Weeks 5-8 Term 2 & 2-7 Term 3)
**Time:** 1:20-2:50pm
**Venue:** West Adelaide Squash Centre, Henley Beach Road.
**Transport:** Walking
**What to bring:** Lunch and a Water bottle
**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. 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 Temple Consent form and West Lakes Aquatic Consent forms and ask your child to return both forms to the PE consent form black box no later than Friday Week 10, Term 1.

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 12 PE excursions

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

I give consent for my child to participate in the Aquatics and Squash 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: