Wednesday 15th June, 2015

Dear Parent/Guardian,

As part of the Year 7 Physical Education classes, your child will participate in the activities throughout the year. The details of the activities are listed below:

**SAPSASA Friday Afternoon Sport**
Date: Week 4, Term 1 to Week 9, Term 3
Time: Lessons 7+8
Venue: Various western suburb schools
Where to meet: Assembly area
Transport: Mini bus

**Three Cheers Netball SA Community Program *** for further details see attached flyer**
Date: Tuesday 31st March (Week 10, Term 1)
Time: 8:50am – 3:03pm
Venue: ETSA Park, Railway Terrace, Mile End
Transport: Students need to meet in the assembly area straight after Care Group ready to walk to the venue.
What to wear: Sports Uniform
What to bring: Recess, Lunch and a named drink bottle

**Ten Pin Bowling**
Date: Tuesday 16th & 23rd June (Week 8 & 9, Term 2)
Time: 11:30am – 1:30pm
Venue: AMF Cross Road Bowl Goodwood road, Westbourne Park
Transport: Students need to meet in the assembly area at the beginning of recess ready to walk to the train.
What to wear: Sports Uniform
What to bring: Lunch and a drink bottle

**SAPSASA Ten Pin Bowling Championships *** for further details see attached flyer**
Date: Tuesday 30th June (Week 10, Term 2)
Time: 11:40am – 3:00pm
Venue: AMF Cross Road Bowl Goodwood road, Westbourne Park
Transport: Students need to meet in the assembly area at the beginning of lunch ready to walk to the train.
What is included: 2 games and shoe hire
What to wear: Sports Uniform
What to bring: Lunch and a drink bottle

**Year 12 Integrated Learning Lessons (on campus)**
Date: Thursday 2nd July (Week 10, Term 2)
Time: 8:38am – 1:00pm
Venue: Temple Netball / Basketball and Indoor Soccer courts
Where to meet: Students are to meet on the Netball courts at beginning of Care Group time.
What to wear: Sports Uniform
What to bring: Recess, Lunch and a drink bottle
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.

Can you please complete and sign the attached Temple Consent form and ask your child to return to the PE consent form black box no later than Thursday Week 4, Term 1.

Please be aware that if your child does not return a signed consent form, they will not be allowed to attend all of 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 at the school on 8405 0900 or via email: magan.schaefer@templecc.sa.edu.au

Yours in Christ

Magan Schaefer
P.E./Sport Coordinator
Consent to participate in the following 2015 Year 7 excursions

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

I give consent for my child to participate in the following excursions: Ten Pin bowling, Three Cheers program, Ten Pin Bowling, Year 12 IL lessons and Friday afternoon sport.

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: