Wednesday 25th March, 2015

Dear Parent/Guardian,

As part of the Year 8 Physical Education Course, your child is required to complete three external excursions throughout the year. The details of the excursions are listed below:

**Gymnastics**
- **Dates:** Friday 29th May, 5th & 12th June, (Week 5-7, Term 2)
- **Green**
  - 29th May & 5th June 9:00-10:05am Lesson 1+2
- **Gold**
  - 29th May & 5th June 10:05-11:20am Lesson 3+4
- **Red**
  - 29th May & 5th June 11:40am-1:00pm Lesson 5+6
- **Venue:** Temple Facilities
- **All:** 12th June 12:30-1:30pm
- **Venue:** Marion Leisure Centre
- **Transport:** Bus
- **What to Wear / Bring:** Temple Sports Uniform, Water bottle and recess, and lunch

**Bounce**
- **Dates:** Wednesday 14th, Thursday 15th & Friday 16th October (Week 1, Term 4)
- **Green**
  - Wednesday 14th Time: 2:00-3:00pm Lesson 7+8
- **Red**
  - Thursday 15th Time: 12:00-1:00pm Lesson 5+6
- **Gold**
  - Friday 16th Time: 10:00-11:00am Lesson 3+4
- **Venue:** Bounce- Richmond Rd, Marleston
- **Transport:** Bus
- **Time:** Gold: Lesson 1+2 (9-10) Green: Lesson 7+8 (2-3), Red: Lesson 5+6 (12-1)
- **What to Wear / Bring:** Temple Sports Uniform, Recess/Lunch, Water bottle

**Beach Volleyball**
- **Date:** Friday 27th November (Week 7, Term 4)
- **Green**
  - Time: 8:50-10:05am Lesson: 1+2
- **Gold**
  - Time: 10:05-11:20am Lesson: 3+4
- **Red**
  - Time: 11:40am-12:55pm Lesson: 5+6
- **Venue:** Adelaide City Beach
- **Transport:** Bus - students will need to meet in the assembly lesson at the beginning of their lesson
- **What to Wear / Bring:** Temple Sports Uniform, Recess / Lunch, Hat, Sunscreen, Water 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.

Please be aware that if your child does not return a signed consent 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 8 excursions

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

I give consent for my child to participate in the following excursions: Gymnastics, Bounce and Beach Volleyball

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: