Wednesday 25th March, 2015

Dear Parent/Guardian,

As part of the Year 9 PE/Outdoor Education Course, your child will participate in four excursions/activities throughout the year. The details of these are listed below:

**Wheelchair Sports**

**Dates:**  
- **Gold:** Weeks 8+9, Term 1  
- **Green:** Weeks 8+9, Term 1  
- **Red:** Weeks 9+10, Term 1

**Venue:** Temple facilities

**Transport:** Walking – students to meet in the assembly area at the beginning of their lesson

**What to wear / what to bring:** Sports Uniform, Hat, Recess / Lunch and a water bottle

**Squash**

**Dates:**  
- **Green:** Weeks 5, 6 & 7, Term 2  
- **Red:** Thursday 28th May, 4th & 11th June  
- **Gold:** Thursday 28th May, 4th June  
- **Thursday 11th June:**  
- **Friday 29th May, 5th & 12th June:**  

**Venue:** West Adelaide Squash Centre, 139A Henley Beach Road, Mile End 5031.

**Transport:** Walking – students to meet in the assembly area at the beginning of their lesson

**What to wear / what to bring:** Sports Uniform, Hat, Recess / Lunch and a water bottle

**Dance**

**Dates:**  
- **Green:** Weeks 2-4, Term 3  
- **Gold:** Weeks 4-6, Term 3  
- **Red:** Weeks 5-7, Term 3

**Venue:** Temple Indoor Sports area

**What to wear / what to bring:** Sports Uniform, Hat, Recess / Lunch and a water bottle
Hiking
Day / Date: Lynton Conservation Park Wednesday 8th April (Week 11, Term 1)
Morialta Conservation Park Thursday 18th June (Week 8, Term 2)
Sea to summit walk Friday 27th November (Week 7, Term 4)
Time: 8:50am – 3:10pm
Venue: Lynton Conservation Park, Morialta Conservation Park and Linton Beach to Mt Lofty
Transport: Students will need to check into Care Group and then meet in the Assembly area ready to catch the train.
What to wear: Sports Uniform
What to bring: Metro Card, Hat, Sunscreen, day pack, lunch, water, jacket, Hiking boots or sneakers (tickets will be made available for students when catching public transport if they have not arrived at school on public transport)

Camp Preparation
Day / Date: Camp Introductory Session Wednesday 24th June (Week 9, Term 2)
Menu Planning and Cooking Session Thursday 27th August (Week 6, Term 3)
Time: 8:50-10:00am
Time: 11:55am-1:05pm
Venue: Temple Indoor Sports area and grass area
What to wear: Sports Uniform
What to bring: Meal to cook for lunch on Thursday 27th August (Week 6, Term 3)

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 9 excursions

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

I give consent for my child to participate in the following excursions: Wheelchair Sports, Squash and Dance

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: