

# BELCONNEN REGION 12 YEARS & UNDER ATHLETICS CHAMPIONSHIPS



<b>COST</b>	\$8.00	<b>Covers:</b>	Travel		Entry	X	Program		Other	X
NOTE: Excursions are an optional enrichment activity and parents are expected to cover the costs incurred. If your child is not able to attend on the day, refunds may not be available for some or all of the costs.										
<b>EVENT DATE</b>	Tuesday, 28 August 2018				<b>ARRIVAL TIME</b>	8:00AM				
<b>EVENT LOCATION</b>	AIS Track, Leverrier Street, Bruce				<b>PICK UP TIME</b>	2:30PM				
<b>MODE OF TRANSPORT</b>	Parent to Transport to and from venue									
<b>TEACHER IN CHARGE</b>	John Boland									
<b>EQUIPMENT NEEDED</b>	School Uniform (appropriate clothing for weather conditions), food, water (canteen facilities are available), sunscreen, hat, running gear.									
<b>CONTACT NUMBER</b>	6142 3030									

**FORM DUE TO FRONT OFFICE by 3:30pm on Monday, 21 August 2018**

CHILDREN WHO HAVE NOT RETURNED A SIGNED PERMISSION FORM WILL NOT ATTEND.

## BELCONNEN REGION ATHLETIC CHAMPIONSHIPS - PERMISSION NOTE

I consent to my child (name) \_\_\_\_\_ in (class) \_\_\_\_\_ to attend/not attend (please circle) the Belconnen Region Athletics Championships on Tuesday, 28 August 2018.

I (parent name) \_\_\_\_\_ have paid the amount of \$8.00 by:

<b>BANK TRANSFER</b>	<b>CREDIT CARD</b> (Westpac Quickweb)	<b>CASH</b>	<b>CHEQUE</b>
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**Bank Transfer:** Aranda Primary School Management Account BSB 032-777 Account 000997

**Credit Card:** Use PAYMENTS tab on school website home page

**FEE CODE:** BATHL

The school has an **Excursion Medical Information and Consent Form** on file. Please provide details of **any current medical requirements** and/or other needs of the child relevant to this excursion.

I agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take whatever discipline they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above mentioned student. I further authorise qualified medical practitioners to administer anaesthetic if such an eventuality arises.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I have sighted the Code of Conduct and agree that if my child contravenes behavioural expectations he/she may be immediately excluded from the team.

**Name of Parent:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

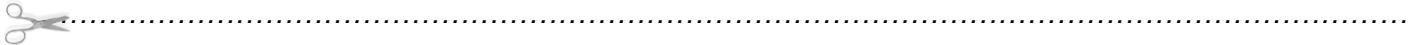
**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PARENT/CARER TO KEEP THIS SECTION

Child's Name: \_\_\_\_\_

### QUALIFIED EVENTS

70m                  100m                  200m                  800m                  Long Jump                  Shot Put                  Discuss



*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. A risk assessment for this activity has been completed and is available to view upon request.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*The school has made every effort to keep costs for this activity at a reasonable level. Financial assistance may be available to assist families who are not able to make the requested contribution. Please contact the Business Manager. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.*

*The teacher in charge will make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. The costs associated with any emergency arrangement made by the teacher in charge will be met by the parents/guardians (free ambulance transportation only applies in the ACT).*

*The student will be under the authority of the school for the duration of the excursion and that the teacher in charge is authorised to return the student to the school at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action and after contacting the parent.*

**IF MEDICAL INFORMATION HAS CHANGED PLEASE PROVIDE AN UPDATED** Excursion Medical Information and Consent Form **TO THE SCHOOL** (available for download from the school website or from the Front Office).