

2019 BELCONNEN CROSS COUNTRY REGIONAL CARNIVAL



COST	\$15.00	Covers:	Travel	X	Entry	X	Program		Other	
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.										
DEPARTURE DATE	Thursday, 30 May 2019				DEPARTURE TIME	9:10 AM				
RETURN DATE	Thursday, 30 May 2019				RETURN TIME	12:50 PM				
EVENT LOCATION	Stromlo Forrest Park									
MODE OF TRANSPORT	Q'City Chartered Bus									
PURPOSE	To compete in the Belconnen Cross Country Regional Carnival									
TEACHER IN CHARGE	Ellie Duckett and Lakhana Ly-Diep									
EQUIPMENT NEEDED	School uniform, sun smart hat, sunscreen, recess, water bottle, warm clothes, something waterproof to sit on. No balls are to be taken.									
CONTACT NUMBER	6142 3030									

FORM DUE TO FRONT OFFICE by 3:30pm on Friday, 24 May 2019

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

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).

2019 BELCONNEN CROSS COUNTRY REGIONAL CARNIVAL PERMISSION NOTE

FORM DUE TO FRONT OFFICE by 3:30pm on Friday, 24 May 2019

I consent to my child (name) _____ in (class) _____ to attend/not attend (please circle) the Belconnen Cross Country Regional Carnival on Thursday, 30 May 2019.

The following has been taken from the SSACT Regional Team Information and Consent Form:

I agree to delegate my authority to the teachers and officials involved. Such teachers and officials 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 officials 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 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 (to be found on the SSACT website) and agree that if my child contravenes behavioural expectations he/she may be immediately excluded from the team.

I (parent name) _____ have paid the amount of \$15.00 by:

BANK TRANSFER	CREDIT CARD (Westpac Quickweb)	CASH	CHEQUE
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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: BCROSS

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 have read all the information provided in regards to this excursion and understand its contents:

Name of Parent: _____ **Emergency Contact Number:** _____

Signature of Parent: _____ **Date:** ____ / ____ / ____

STUDENT KEY	FAMILY KEY
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