

Excursion Permission Note

Where:	ANU gym, North Road, Acton				
Purpose: (including cost breakdown)	Year 7/8 Northside Inter-School Badminton Competition			Transport:	\$ own
				Meals/Accom:	\$
				Staffing:	\$
				Program:	\$
Date:	Monday 22 nd October	Time:	8:40am-3pm	Total Cost:	\$ 10
Transport:	Students are required to make their own way to and from the venue.				
Staff Attending:	Kelly Gooch				
Special Requirements/ Medical Changes:	Racquets and shirts will be provided. Wear navy blue shorts and sneakers. Students need to supply their own water bottles. Bring your own nutritious lunch and snacks. Please update medical circumstances if needed.				
Meeting time/place/teacher:	8:40am at the ANU Gym				

Many excursions involve non-refundable advance bookings and payments. Parents/Carers need to be aware that refunds are not always available if students change their minds about attending. Students are expected to catch up on class work missed as a result of attending this excursion.

Staff accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Should there be any changes to your child's medical circumstances (as outlined in their enrolment medical information) please notify the teacher supervising this excursion.

Parents should be aware that staff members are not responsible for injuries or damage to property that 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.

Please do not hesitate to contact me at the school if you have any questions or require any further information.

Lana Read

Kelly Gooch

Co-ordinating teacher

Principal

I wish for my child _____ to attend the excursion to Badminton.

Note and \$10 payment to be returned to the front office by Wednesday 17th October 2018.

I understand the conditions set out above and have read the attached schedule of events.

My child's medical circumstances have not changed **OR** New medical information is attached

I give permission for photographs of my child to be taken and displayed as appropriate.

Signed _____ Date _____

Parent Name (printed)

Payment Method: Mastercard Visa Cash Direct Deposit QuickWeb Cheque

UC High School Management Account BSB: 032777 A/C: 001455

CREDIT CARD AUTHORITY

I hereby give authority for payment to be made from my credit card. My credit card details are:

Card No: • • • CCV: _____

Expiry date: ___/___ Cardholder's Name: _____ Date: _____

Cardholder's Signature: _____ Amount: \$ _____