

# Excursion Permission Note

<b>Where:</b>	UCHSK Gym – Guest Coaching Session (Fencing)		
<b>Purpose: (including cost breakdown)</b>	Students will have the opportunity to learn about fencing, an Olympic sport, by participating in a professional coaching session.	<b>Staffing:</b>	\$0.00
		<b>Program:</b>	\$10.00
<b>Date:</b>	Wednesday 14 <sup>th</sup> November 9:30am – 11:00am	<b>Total Cost:</b>	\$10.00
<b>Transport:</b>	N/A		
<b>Staff Attending:</b>	Emily Fisher		
<b>Special Requirements:</b>	<b>Jumper or hoody.</b> Fencing masks and other equipment will be provided by Fencing ACT.		
<b>Meeting time/place/teacher:</b>	Canteen area		

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.

\_\_\_\_\_  
**Miss Emily Fisher**  
*Co-ordinating teacher*

\_\_\_\_\_  
**Lana Read**  
*Principal*

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I wish for my child \_\_\_\_\_ to participate in a fencing coaching session at UCHSK on Wednesday the 14<sup>th</sup> of November.

**Notes and \$10 payment to be returned to the front office by Friday the 9<sup>th</sup> of November.**

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: \$ \_\_\_\_\_