



## EXCURSION INFORMATION

<b><u>Name of Excursion:</u></b> Boys and Girls ACT Soccer Finals	<b><u>Date of Excursion:</u></b> Week 6 Thursday 29th of August 2019
<b><u>Venue:</u></b> Dickson Playing Fields	<b><u>Times:</u></b> 8.45am – 3.00pm Finishing time may be earlier depending on results throughout the day.
<b><u>Transport:</u></b> Students are required to make their own way to and from the venue.	<b><u>Accompanying Staff:</u></b> Michael Maloney - Girls Scott Dzubinski - 7/8 Boys Brenton Mikk – 9/10 Boys
<b><u>Equipment Required:</u></b> <ul style="list-style-type: none"><li>• plenty of water</li><li>• lunch</li><li>• long socks, shin pads</li><li>• Playing top provided</li></ul>	<b><u>Other information</u></b> The entry fee is \$10.00 per student to cover venue hire and officials. <b>Please pay money at the front office.</b> <b><u>A copy of the draw will be available closer to the day.</u></b>

The accompanying staff member/s 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. 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 inform children of the risk to themselves, to others and property, of impulsive, wilful or disobedient behaviour. All students attending will be expected to give their full commitment to ensuring that the excursion is enjoyable, safe and successful for everyone concerned. We expect that the students behave responsibly at all times, and that ***any misconduct will be treated seriously and may require offending students to be sent home at the cost to the parents / guardians.***

**Parents are more than welcome to attend sporting events as spectators, but may assist only when invited to by a school representative.**

**A Medical Information Form & Permission Note is enclosed. Please complete and return them to school as soon as possible.**

***The following are the recognised players' Code of Conduct that students should be aware of:***

- Be a good sport.
- Play for enjoyment.
- Work hard for your team as well as yourself.
- Treat all teammates and opponents, as YOU would like to be treated.
- Play by the rules.
- Control your behaviour on and off the field.
- Learn to value honest effort, skilled performance and improvement.
- Cooperate with your coach, officials, teammates and opponents.
- Respect and abide by officials' decisions.

**Samara Chisholm  
School Principal**

**Graeme Lambert  
SHAPE Executive**

# PERMISSION NOTE and MEDICAL INFORMATION

*Please return this sheet, filled out front and back and with appropriate signatures as soon as possible*

I give permission for my child

To participate in the **Boys and Girls ACT Soccer Competition on Thursday 29th of August 2019.**

I have read the attached information regarding this excursion and understand what it contains.

**Full name of Parent/Guardian** (please print) .....

Contact telephone Nos – Business hours:                                  After hours                                  Mobile:

**Signature of Parent/Guardian** ..... **Date** .....

**Medical concerns the teacher needs to be aware of for the day:**

.....  
 .....  
 .....

If your child suffers any of the following an emergency treatment plan must be provided. Proforma plans are available from the school (NB. Without an emergency treatment plan the school can only provide first aid treatment:

- |                                    |                                   |  |  |   |
|------------------------------------|-----------------------------------|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood    | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hay fever       | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> asthma    | <input type="checkbox"/> pressure | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
|                                    | <input type="checkbox"/> diabetes | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
|                                    | <input type="checkbox"/> eczema   |  |  |   |

**Consent to medical attention.** In the case of an emergency, I authorise the school, where it is impracticable to communicate with me, to arrange for the student to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and drugs while the student is on the camp/excursion/outdoor adventure activity.

Signed: .....

Parent/Guardian..... Date:

I ..... (Student) have read and understood the code of conduct and agree to represent the school, my peers and self in a respectful manner.

While on the excursion, I will be absent from the following classes. I understand that I will need to catch up on the work I will miss due to being on this excursion.

Excursion details	Period 1 Line F	Period 2 Line G	Period 3 Line A	Period 4 Line B

**Full name of student** (please print).....

**Signature of Student** ..... **Date** .....

**FEE CODE: SSSSoccer**

**EXCURSION TITLE: ACTSSSA North side Soccer**

**PAYMENT OPTIONS**

1. **Payment in person** at school Front Office-between 8:15am & 2:30pm Mon-Fri.  
**EFTPOS** facilities are available. Cheques made payable to Canberra High School.
  2. **Direct Deposit:** Bank: Westpac  
BSB: 032777 Acc. No. 001113  
Acc. Name: Canberra High School
  3. **Canberra High School Website:** [www.canberrahs.act.edu.au](http://www.canberrahs.act.edu.au)  
(QUICKWEB)
  4. **Phone Payments – Credit cards** Phone: 62057000 or 62057028
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**Please debit my**  **Mastercard**  **Visa**

Card Number:

□□□□-□□□□-□□□□-□□□□

Card Expiry Date: \_\_\_\_\_ Name on card: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_ Student Name: \_\_\_\_\_

Total Amount Paid:

Cardholders Signature: \_\_\_\_\_

Contact Phone number of Cardholder: \_\_\_\_\_