



## EXCURSION INFORMATION

<b><u>Name of Excursion:</u></b> Secondary Schools Singles Tennis Competition	<b><u>Date of Excursion:</u></b> Please see attached for details Monday 5 March: Boys 13 years and over Tuesday 6 <sup>th</sup> March Girls 13 years and over
<b><u>Venue:</u></b> Canberra Tennis Centre, 1 Riggall Place Lyneham	<b><u>Times:</u></b> 8.45 am sign in 9:00 am – 1 pm games
<b><u>Transport:</u></b> Students are required to make their own way to and from the venue.	<b><u>Accompanying Staff:</u></b> <b>No supervision will be provided.</b> Parents or guardians must supervise student at the competition
<b><u>Equipment Required:</u></b> <ul style="list-style-type: none"><li>• plenty of water</li><li>• lunch (no food will be available on site)</li><li>• sunscreen</li><li>• hat</li><li>• uniform</li><li>• tennis racquet</li></ul>	<b><u>Other information</u></b> \$8.00 to front office <b>Players <u>must</u> have either;</b> <ul style="list-style-type: none"><li>• an Australian Ranking</li><li>• <b>previous tournament experience in Australian Ranking tournaments, Junior Development Series events or overseas tournaments</b></li></ul>

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.

**Phil Beecher  
School Principal**

**Graeme Lambert  
SHAPE 6142 0800**

# 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 / guardian

.....

To participate in the Secondary Schools Singles Tennis Competition

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

My son/daughter will be supervised by \_\_\_\_\_ on the day.

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

**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	Period 2	Period 3	Period 4	Period 5

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

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

**FEE CODE: SSSTENNIS**

**EXCURSION TITLE: ACTSSSA Tennis Championships**

**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:

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

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

Total Amount Paid:

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

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