



EXCURSION INFORMATION

<u>Name of Excursion:</u> ACT Athletics Championship SECONDARY	<u>Date of Excursion:</u> Tuesday 17 th of September 2019
<u>Venue:</u> Woden Park Athletics Field Cnr Ainsworth & Kitchener Streets Phillip, ACT 2606	<u>Times:</u> 8:30am – 2.30pm Please check the attached program for event times.
<u>Transport:</u> Students are required to make their own way to and from the venue.	<u>Accompanying Staff:</u> Cameron Betts Jakki Pyner
<u>Equipment Required:</u> <ul style="list-style-type: none">• plenty of water• lunch (there will be a canteen open on the day)• School uniform or supplied school Athletics singlet or you will not be allowed to compete.• Athletics equipment if required	<u>Cost:</u> \$10 per student. All money needs to be paid to the front office by 12/09/2019.

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 Teacher

ACT 13 & OVER CHAMPIONSHIPS - PROGRAM OF EVENTS

Session Start Time	GIRLS						BOYS							Para Athletes	
	13 years	14 Years	15 Years	16 years	17 years	18-19 years	13 years	14 Years	15 Years	16 years	17 years	18-19 years			
8:30am	200	200	200	200	200	200								200	Session 1
8:30am	Discus	High Jump	Shot Put	Triple Jump	Long Jump	Javelin	Discus	High Jump	Shot Put	Triple Jump	Long Jump	Javelin			
8:45am							200	200	200	200	200	200			
9:15am		Discus	High Jump	Shot Put	Triple Jump	Long Jump		Discus	High Jump	Shot Put	Triple Jump	Long Jump	Long Jump	800	Session 2
9:30am	800	800	800	800	800	800									
9:45am							800	800	800	800	800	800	800		
10:00am	Long Jump		Discus	High Jump	Javelin	Triple Jump	Long Jump		Discus	High Jump	Javelin	Triple Jump	100	Session 3	
10:30am	100	100	100	100	100	100									
10:45am							100	100	100	100	100	100			
10:45am	Javelin	Long Jump		Discus	High Jump	Shot Put	Javelin	Long Jump		Discus	High Jump	Shot Put	Javelin	1500	Session 4
11:30am	Shot Put	Triple Jump	Javelin	Long Jump	Discus	High Jump	Shot Put	Triple Jump	Javelin	Long Jump	Discus	High Jump	Shot Put		
12:00pm	1500	1500	1500	1500	1500	1500									
12:15pm	Triple Jump	Javelin	Long Jump		Shot Put	Discus	Triple Jump	Javelin	Long Jump		Shot Put	Discus	1500	Session 5	
12:30pm							1500	1500	1500	1500	1500	1500			
1:00pm	100 Metre Gift														
1:15pm	High Jump	Shot Put	Triple Jump	Javelin			High Jump	Shot Put	Triple Jump	Javelin			400	Session 6	
1:15pm	400	400	400	400	400	400									
1:30pm							400	400	400	400	400	400			

A copy of the results and program can be found on the school sport website

<https://schoolsportsact.blob.core.windows.net/schoolsportsact-container-eas/SportAttachment-339.pdf>

Please check the full results from the Northside Carnival on the google classroom page. If there are any mistakes please let come and see Mr Betts ASAP

Class code if you have not joined: oydj5w

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 / ward

To participate in the ACT Athletics Championship
On 17th of September at the Woden Park Athletics Field, Phillip

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

Full name of Parent/Guardian (please print)

Signature of Parent/Guardian **Date**

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

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Contact Name and Number for the day in case of an emergency:

.....

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.

All boxes **MUST** be signed (by your teacher) before you will be allowed to attend. Failure to do so will void your position on the team.

Excursion details	Period 1 Subject:	Period 2 Subject:	Period 3 Subject:	Period 4 Subject:	Period 5 Subject:
ACT Athletics Tuesday 17/9/2019 Week 9					

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

Signature of Student **Date**

FEE CODE: ACTSSSA

EXCURSION TITLE: ACT Athletics Championship

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
(QUICKWEB)

4.Phone Payments – Credit cards Phone: 6142 0800 or 6142 0807

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: _____

NB: For direct deposits please ensure you specify the student name and excursion name as a reference

Refund Policy: If a student and/or parent has made a financial commitment to an excursion and if the student is unable to attend for any reason (except in the case of sudden illness), the student and/or parent is entitled to a refund of money paid minus any non-refundable financial outlay that the school has made on behalf of that student. The school will endeavour to find a replacement for that student, in which case, all money will be refunded. The usual appeal provisions apply.