



# YEAR 8 SKI & SNOWBOARD TRIP PERMISSION NOTE

## Permission Note to Be Signed by Parents

I give permission for my child .....  
to take part in the Ski & Snowboard Trip outdoor adventure activity taking place at Thredbo Ski Resort  
on Friday 27 July 2018.

**Please tick one of the following;**

I am yet to pay:

I have paid a \$50 deposit to secure my spot:

I have paid the full amount of \$196.90 to secure my spot:

**Please tick one of the following;**

I wish to Snowboard:

I wish to Ski:

*The ACT Department of Education and Training is an agency of the ACT Government (the Territory). The Territory has insurance arrangements in place in order to meet certain liabilities. The Territory meets claims (including claims resulting from school activities or excursions) against it where there is a legal liability to do so. Liability is not automatic and depends on the circumstances in which the injury or illness was sustained. Parents should obtain their own advice about private insurance protection that may assist in meeting expenses if their child is injured or suffers an illness in circumstances where there is no liability on the part of the Territory.*

*If the outside provider of the service or activity has requested that you sign a waiver or disclaimer statement, the ACT Department of Education and Training recommends that you consider carefully any risks involved before proceeding.*

- I authorise the teacher-in-charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency
- I agree to meet the costs associated with any emergency arrangement made by the teacher-in charge (free ambulance transportation applies only in the ACT)
- I agree that the student will be under the authority of the school for the duration of the activity, and that the teacher-in-charge is authorised to return the student home at the expense of the parent/guardian if the teacher-in-charge considers that circumstances warrant such action
- Please complete the attached medical form which will include information about current medical requirements and/or other needs of the child relevant to the activity
- The Excursion Medical Information and Consent Form must be completed and returned to the school prior to the excursion.

(Where relevant) I agree to my child travelling by private car, driven by a staff member or leader as the case may be.

**(Where relevant) I understand that video and photographic material may be taken of my child on the excursion for assessment, display, moderation and publicity purposes and give permission for this to occur.**

Full name of parent/guardian (please print):  
.....

Signature of parent/guardian:..... Date: .....

**Please turn over for payment options**

**EXCURSION TITLE: Year 8 Ski and Snowboard Trip**

**FEE CODE: SKI18**

**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: 61420800 or 61420806

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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: \_\_\_\_\_