



## EXCURSION INFORMATION

<b><u>Name of Excursion:</u></b> ACT Primary Swimming Carnival	<b><u>Date of Excursion:</u></b> Monday 7 <sup>th</sup> May 2018
<b><u>Venue:</u></b> AIS Pool, Bruce	<b><u>Times:</u></b> Warm up from: 8:15am – 8:45am Starts: 9am Finish 3pm
<b><u>Transport:</u></b> Students are required to make their own way to and from the venue.	<b><u>Accompanying Staff:</u></b>  Gina Mapley (Aranda Primary School)
<b><u>Equipment Required:</u></b> <ul style="list-style-type: none"><li>• plenty of water</li><li>• lunch</li><li>• SHAPE uniform</li><li>• Swimming gear</li><li>• Cap</li><li>• Goggles.</li></ul>	<b><u>Other information:</u></b> The entry fee is \$8 per student to cover venue hire and officials. All money needs to be paid to the front office to ensure registration in competition.

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 Executive Teacher

# 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 Swimming Carnival  
On Monday 7<sup>th</sup> May 2018 at the AIS Pool, Bruce

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:**

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

**Contact 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.

Excursion details	Period 1	Period 2	Period 3	Period 4	Period 5

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

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

## FEE CODE: PSSASWIM

### EXCURSION TITLE: ACT Primary School Swimming Carnival

#### 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.canberraahs.act.edu.au](http://www.canberraahs.act.edu.au)  
(QUICKWEB)

4. **Phone Payments – Credit cards** Phone: 61420800 or 61420807

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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: \_\_\_\_\_

**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.