



EXCURSION INFORMATION

<u>Name of Excursion:</u> Zone Bowling	<u>Date of Excursion:</u> 27/8/19
<u>Venue:</u> Belconnen Zone Bowling Centre. (Formerly AMF Bowling)	<u>Times:</u> 1:02 - 2:50-3:00pm
<u>Price:</u> \$20 for 2 games of bowling plus food	<u>Equipment Required:</u> <ul style="list-style-type: none">• Full School Uniform• Water bottle
<u>Transport:</u> Students will walk together to centre at the start of lunch from school. Students will be dismissed at 2.50 from the venue.	<u>Accompanying Staff:</u> Simon Beasley
<u>Other information</u> <ul style="list-style-type: none">• Meet outside the gym at the start of lunch• Permission note and medical information needs to be returned by Friday 23rd of August to attend.	

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 the excursion 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 to and from the venue.
- Learn to value honest effort, skilled performance and improvement.
- Cooperate with your Teacher, classmates and public.
- Respect the environment and surroundings.

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 Fit for Life excursion on **27/08/19**.

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:
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.....
.....

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.

Students will not be allowed to attend the excursion if they are not wearing full school uniform. If a student fails to follow the teachers instructions they will not be allowed to attend future class excursions.

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

Signature of Student **Date**