

## ACT ATHLETICS CARNIVAL

04/09/2017

Dear Parents and Carers,

Your child has qualified to represent Mount Stromlo High School at the ACT Athletics Carnival. Students have the potential to compete at their chosen level and further develop their athletic skills in a fun and healthy atmosphere whilst developing friendships with students from other schools. Students are expected to wear their school sports uniform. The teacher in charge of this event will be Kay Paten.

The completed permission note and payment must be submitted to the Finance Office by **Monday 11 September 2017**.

### **IMPORTANT INFORMATION:**

**Venue:** Woden Athletics Park

**Date:** Thursday 14 September 2017

**Time:** 9:00am to 3:00pm (Please arrive at the venue by 8:45am)

**Transport:** Students to make their own transport arrangements to and from the venue

**Cost:** **\$20** (\$12 Staffing; \$8 Entry Costs)

**Food:** Students are to bring their own morning tea, lunch and afternoon tea. Water bottles can be refilled throughout the day.

**Clothing:** School Sports Uniform (yellow shirt and black bottoms), hat and sunscreen.

During school hours, Mount Stromlo's front office can relay messages to staff and students on the excursion.

It is customary for the school to request a financial contribution towards meeting the costs of your child's participation in this excursion. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost the excursion, we regrettably, may not be able to proceed.

If you have any questions regarding this excursion, please contact Kay Paten on 6142 3444 or email [kay.paten@ed.act.edu.au](mailto:kay.paten@ed.act.edu.au).

Regards

Kay Paten

**Executive Teacher – PE Faculty**



# MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE ACT ATHLETICS CARNIVAL

I give permission for my child \_\_\_\_\_  
to attend the **ACT Athletics Carnival** excursion on **Thursday 14 September, 2017**

- Medical Consent provided early 2017 contains current information
- Medical condition has changed and I have downloaded and completed a new Medical Consent form which is attached \*\*

I understand staff accompanying students on excursions 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.

I am 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. I will warn my child of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

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

Full name of parent (please print): \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: / /

*\*\*If a Student's medical condition has changed a new Medical Consent form must be completed. The form can be downloaded from the School Website - Excursion Tab - <http://www.mountstromlohs.act.edu.au> or contact the front office on 02 6142 3444 for further assistance.*

## PAYMENT SLIP FOR SOUTHSIDE ZONE ATHLETICS CARNIVAL DUE MONDAY 11 September 2017

Student Name: \_\_\_\_\_ TEAM : \_\_\_\_\_ Amount Enclosed \$

Payment Options: Cash ( ) Cheque ( ) Credit Card ( ) On-line Credit Card: Fee Code: ACTAC

Funds Transfer via your bank website BSB 032-777 A/C 001797

(Please ensure the student first initial and surname plus SZAC is used as part of the identification for transfers)

Cheques – Made payable to Mount Stromlo High School

### COMPLETE THE FOLLOWING INFORMATION IF PAYING BY CREDIT CARD:

CARD No: _____	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
Name on Card: _____	Amount: \$ _____
Signature: _____	Expiry: ____ / ____ CSV: _____

*The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the "Information Privacy Act 2014" and the "Health Records (Privacy and Access) Act 1997 (ACT)"*