

GIRLS SUPER 8s CRICKET DAY

22/08/2017

Dear Parents and Carers,

Your child has been selected to represent Mount Stromlo High School in the Super 8s Cricket Day. The teacher in charge of this event will be Brad Jones.

The completed permission note and payment slip should be **returned to the Finance Office by Thursday 31 August 2017.**

IMPORTANT INFORMATION:

Venue: Deakin Playing Fields - 6 Makin Pl, Deakin ACT 2600

Date: Wednesday 6 September 2017

Time: 8:30am to 2:30pm

Transport: Students are to make their own way to and from this event

Cost: **\$20.00** (\$12 Staffing, \$8 Entry)

Food: Students are to bring food and drinks for morning tea and lunch. Water bottles can be refilled throughout the day.

Clothing: Boots, hat and sunscreen.

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

Withdrawing from this excursion with less than 3 school days notice requires a medical certificate for a refund to be granted.

If you have any questions regarding this excursion, please contact Brad Jones on 6142 3444 or email bradley.jones@ed.act.edu.au.

Regards

Brad Jones
PE Faculty



MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE

GIRLS SUPER 8s CRICKET DAY

I give permission for my child _____
to attend the **Girls Super 8s Cricket Day** excursion on **Wednesday 6 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 GIRLS SUPER 8s CRICKET DAY

DUE THURSDAY 31 AUGUST 2017

Student Name: _____ TEAM : _____ Amount Enclosed \$

Payment Options: Cash Cheque Credit Card On-line Credit Card: Fee Code: **SCRICK**
 Funds Transfer via your bank website BSB 032-777 A/C 001797

Cheques – Made payable to Stromlo High School

COMPLETE THE FOLLOWING INFORMATION IF PAYING BY CREDIT CARD:

Card No. _____ VISA 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)".