

North East Central  
Interschool Sports Association  
Cross Country 2017



Dear Parents,

Below is information about the Interschool Cross Country 2017 event.

**ROOM NO:** Years 3, 4, 5 and 6

**EVENT /INCURSION / EXCURSION NAME:** Interschool Cross Country 2017

**PLANNED ACTIVITIES:** Cross Country events.

**SPECIAL REQUIREMENTS:**

- Competitors to eat a substantial morning recess snack, and take food & drink to the event
- PLEASE DO NOT ORDER LUNCH AT THE CANTEEN ON THIS DAY

**DAY & DATE:** Thursday 27<sup>th</sup> July 2017

**TRANSPORT (Bus Fare \$5 – non-refundable):** Bus departs at 11.00am and returns approximately 3.00pm.

**COST:** \$5 per student

Please complete and return the attached Parental Consent form indicating your payment method, in a clearly marked envelope (including cash/cheque if applicable) into the steel payments box at the office reception.

**Please note electronic payments must be remitted on the same date of returned slips.**

Kind regards

Heather Dexter  
Physical Education Teacher

## PARENTAL CONSENT

I have read and understood the attached information regarding the Interschool Cross Country event excursion to **Charles Veryard Reserve North Perth on Thursday 27<sup>th</sup> July 2017** and understand the nature of the activities proposed.

I am aware that:

- Department of Education insurance does **not** cover personal accidents through misadventure.
- Any costs incurred as a result of accident or illness are my responsibility.
- School staff is not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.
- I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion/incursion/camp to consent to my child receiving such medical treatment as may be considered necessary.

If needed I can be contacted on phone number \_\_\_\_\_

Emergency Contact Mr / Mrs / Ms \_\_\_\_\_

Phone Number \_\_\_\_\_

I give my consent for my child \_\_\_\_\_ (Child's full Name) in Room \_\_\_\_\_ to participate.

**My child's medical record is current Yes/No**

***If not I understand an updated medical form is to be completed and handed into the front office prior to the excursion.***

**Student health care forms are available from the front office**

\_\_\_\_\_  
Parents / Guardian Signature

\_\_\_\_\_  
Date

## PAYMENT DETAILS

Child's Name: \_\_\_\_\_

Room No: \_\_\_\_\_

**Payment Method (Please Tick ONE):**

**CASH/CHEQUE** - I have enclosed **\$5**

***Please put money in a clearly marked envelope and place in the payments box in the office.***

**Electronic Remittance:**

- Bank transfer: Yokine School Fund  
BSB 066 127 A/C 0090 0206

***Reference: Childs Name & Room No***

- QKR Payment (Phone APP)
- BPoint (Online Credit Card Payment)

**Deduct from Upfront Incursions/Excursion payment/account credit**

(If you are unsure if you made this payment to create a credit in your child's account, please contact Mchelle Vandenhelm – Manager Corporate Services on 9242 2726)