

North East Central
Interschool Sports Association
League Tag Cluster Carnival 2017



Dear Parents,

Below is information about the Interschool League Tag Cluster Carnival 2017 event.

ROOM NO: Years 5 and 6

EVENT /INCURSION / EXCURSION NAME: Interschool League Tag Cluster Carnival

PLANNED ACTIVITIES: League Tag competition

SPECIAL REQUIREMENTS:

- Competitors to take food and drink to the event
- Must wear interschool athletics sports uniform
- No spiked shoes

DAY & DATE: Thursday 17th August 2017

TRANSPORT: Bus departs at 8:45 a.m. and returns approximately 3:00 p.m.

COST: \$4.00 per student (non-refundable)

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 as returned slips.

Kind regards

Heather Dexter
Physical Education Teacher

PARENTAL CONSENT

I have read and understood the attached information regarding the Interschool League Tag Cluster Carnival excursion to Charles Veryard Reserve North Perth on **Thursday 17th August 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 and
- School staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion nor loss or damage of personal belongings.
- 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

Parent / Guardian Signature

Date

PAYMENT DETAILS

Child's Name: _____

Room No: _____

Payment Method (Please Tick ONE):

CASH/CHEQUE - I have enclosed **\$4 00**

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)

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)