



## EXCURSION INFORMATION AND CONSENT FORM INTER ZONE SPORT

Dear Parent/Caregiver,

Your child has been selected to represent Chifley College Dunheved Campus in one of the Inter Zone sport teams.

Inter Zone sport will take place every Wednesday afternoon during Term 2 from 12:55 pm until 3:00 pm, during which time your child will be representing Dunheved as they compete against other school teams within the region. Players are required to attend games at a variety of venues, both on and off school campus.

<b>DATE</b>	Every Wednesday during Term 2, 2019
<b>TIME</b>	12.55 pm – 3.00 pm
<b>VENUE</b>	Various (students will be advised prior to the day).
<b>TRAVEL</b>	Bus (approx 4 times)
<b>COST</b>	\$20.00 for the term to be paid at the front office by Wednesday 29 <sup>th</sup> May 2019. Students who have ABSTUDY funding may use it to pay ( <i>indicate below</i> )
<b>EQUIPMENT</b>	Water bottle, Sunscreen
<b>UNIFORM</b>	Full School Sports uniform (slacks are not to be worn, uniform must be navy tracksuit pant material or shorts/skirt), correct footwear, hat

Yours sincerely

Mrs Jennifer Ribeiro  
**Principal**

Mr K Fletcher  
**Relieving Head Teacher  
PDHPE**

Mr S Raymond  
**Sports Coordinator**

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### EXCURSION CONSENT FORM - INTER ZONE SPORT - TERM 2 *Please return permission form to Mr Raymond (PDHPE) by Wednesday 15th May, 2019*

1. I consent \_\_\_\_\_ (student name) to participate in Inter Zone Sport every Wednesday during Term 2 and travel by bus approx 4 times per term. **YES / NO (please circle)**
2. I give permission for my child to receive medical treatment in case of emergency. **YES / NO (please circle)**
3. I acknowledge that Inter Zone School Sport is an U/16's competition. **YES / NO (please Circle)**
4. I authorise the school to use ABSTUDY funding to pay for Grade Sport (if funds available). **YES / NO (please circle)**
5. Special needs of my child which you should be aware (e.g. allergies, medication - please provide full details):  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Caregiver: \_\_\_\_\_

Signature of Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT DETAILS

Child's name: .....

Address: .....

Parent/caregiver: Name ..... Telephone.....

Name ..... Telephone.....

Emergency contacts: Name ..... Telephone.....

Name ..... Telephone.....

Parent/caregiver: Signature ..... Date: .....