

Regional Netball Finals 2017



Beaconsfield
PRIMARY SCHOOL 1890

Wednesday 9th August 2017

Dear Parents/Guardians,

Your child has been selected in our school Netball team to compete in the Regional Netball Finals 2017. This will be a whole day event.

When: Thursday 24th August 2017

Where: Netball - YMCA Cardinia Life, Olympic Way, Pakenham, Melways Ref. 215 K5

Time: Registration at 9:40am and first games will **start** at 10:00am.

Transport: Private car - Parents transporting their own child or helping with transportation of other children will need to be at school around 9:00 am and no later than 9:15am so we can leave by 9:20 am. The last games will be finished around 1:30pm and we will be returning to school no later than 2:00pm. **Parents are welcome to transport their own child directly to and from this event but please let me know if you intend to do so.** All students must return the attached form regarding transportation.

Cost: \$Nil

Teacher in Charge: Ms Shoana Carey

Special requirements: Your child will need to wear their school uniform to and from the event. Students will be provided with a Beacy netball dress at school on the day. Students will also need to bring a drink bottle, healthy snacks, lunch and asthma medication if required.

How can you help: Parents who are available to assist with the transport of the students, please complete option 3 as attached.

Due date for notice: Monday 21st August 2017

Regards, Shoana Carey

(Please detach and return to school by Monday 21st of August 9:00am)

Beaconsfield Primary School - Regional Netball Finals 2017

Student's name: Student's Grade.....

I consent to my child taking part in **Regional Netball Finals 2017** and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

- Consent my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Contact number for this excursion:

Signature of parent/guardian:

Date:.....

The Department of Education and Training requires this consent to be signed for all students attending school excursions. I am able to help at the Regional Netball Finals on Thursday 24th August 2017 and **I have a current Working With Children Card registered with Beaconsfield Primary School.**

Name

Contact Phone Number

Working with Children's card Number.....

**BEACONSFIELD PRIMARY SCHOOL
INDEMNITY FORM – FOR USE OF PRIVATE MOTOR VEHICLE
*THIS FORM MUST BE COMPLETED & RETURNED***

OPTION 1: TO BE COMPLETED IF YOU ARE DRIVING YOUR OWN CHILD

I give permission for my son/daughter _____ to be transported in my car.

Does your car have Private Comprehensive Insurance?

Yes No (Please circle)

Registration No. _____

Event: Regional Netball Finals

When: Thursday 24th August 2017

Where: YMCA Cardinia Life, Olympic Way, Pakenham, Melways Ref. 215 K5

Time: Leaving from school at 9:20am. Team briefing at 9:40am and first games will **start** at 10:00am. The last games will be finished around 1:30 pm and we will be returning to school no later than 2:00pm.

If, due to unforeseen circumstances, I am unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

(Option 2 must then be completed).

Parent's Name: _____

Signature: _____ Date: _____

Emergency phone number if contact needs to be made ON THIS DAY _____

OPTION 2: TO BE COMPLETED IF YOU REQUIRE YOUR CHILD TO BE DRIVEN IN ANOTHER CAR

I give permission for my son/daughter _____

to be transported by private car which is covered by Private Comprehensive Insurance.

Event: Regional Netball Finals

When: Thursday 24th August 2017

Where: YMCA Cardinia Life, Olympic Way, Pakenham, Melways Ref. 215 K5

Time: Leaving from school at 9:20am. Team briefing at 9:40am and first games will **start** at 10:00am. The last games will be finished around 1:30 pm and we will be returning to school no later than 2:00pm.

If, due to unforeseen circumstances, the nominated driver is unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

Parent's Name: _____

Signature: _____ Date: _____

Emergency phone number if contact needs to be made ON THIS DAY _____

OPTION 3: TO BE COMPLETED IF YOU ARE ABLE TO TRANSPORT EXTRA CHILDREN IN YOUR

I have a current Working With Children Card that is registered with Beaconsfield Primary School.

Name _____

Contact Phone Number _____

Working with Children's card Number _____

How many children can you safely transport in your car? _____ (Please fill in a number)