



Dear Parent/Guardian,

Today's Date: 13/06/2017

Below are the details of an upcoming Incursion / School Activity involving your child:

Excursion Name: Woy Woy PSSA Primary School Gala Days		Group: Year 9 PASS students
Destination: James Brown Oval, Rogers Park, Austin Venues: Butler Oval, Umina Oval, Lemon Grove Netball Courts	Dates:	4 th August, 11 th August, 18 th August (Back up day)
All notes and payments (or advice of online receipt number) must be returned to Student Reception and finalised by		Cost: n/a
Date: 30/6/17		
Organising teachers: Mr R Myszkowski, Mr C.White, Mr M Rae.	Email:	Roman.myszkowski@det.nsw.edu.au
<p>**BWSC Umina has completed a Risk Assessment for this excursion which can be provided to parents if requested**</p> <p>Excursion description: All PASS elective students have been chosen to referee the Woy Woy PSSA Primary School Gala Day. This is a great opportunity for your child to develop their self-confidence, promote their interests in sport and help their schooling community. They will be refereeing / assisting in the running of the annual Primary School Gala Days in a sport allocated to them in class.</p> <p><small>Privacy Advice Notice: The information provided on your child is being obtained by the School for the purpose of ascertaining relevant medical information requirements and other health-care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Brisbane Water Secondary College. It will be used by Officers of the NSW Department of Education and Training to assist planning, to support students and to minimise risks when conducting school excursion, sporting or other activities. Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity and persons that may be called upon to provide health-care treatment or other assistance during or as a consequence of such excursions or activities. Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances, the school will make available a sound alternative educational experience. Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the School Principal to discuss further. You may correct any personal information provided at any time by contacting the School office.</small></p>		

**** Important Note: Whilst excursion refunds will only be given in extenuating circumstances, NO refund will be given for bus costs ****

Method of Transport:	Students are to make their own way to and from the venue (parents / bike / walking)		
Departure time:	Be at the venue by 9.45am	Location:	Students will be allocated an oval to referee depending on the sport they have been allocated. They will stay at this oval for the whole day.
Finish time:	Approx. finish is 2.00pm		
Dress Requirements:	Full PE uniform.	Other Requirements: Canteen facilities may be available only at Lemon Grove. It is highly recommended that students bring their own food and drink. Wear appropriate clothing if the days are cold and / or there is a chance of rain. Sunscreen if the day is sunny and warm. Whistles will be provided. This is part of their assessment for their current unit of work, EVENT MANAGEMENT. Attendance is <u>COMPULSORY</u>.	

Teacher name Excursion
Mr R.Myszkowski Co-ordinator

Head Teacher name Head Teacher
Mr A.Jackson

Woy Woy PSSA Gala Days Permission Note

Student name:

Roll call class:

I hereby consent to my child attending the PSSA Gala Day on 04/08/17, 11/8/17 and the 18/8/17 (if required). I consent to my child being responsible for completing missed work whilst participating on this excursion and for demonstrating appropriate behaviour.

Emergency Contact name:

Emergency Contact Ph number:

Signed:

Date:

Medical condition (circle if applicable) Asthma Anaphylaxis Allergies

Other :

Does the medical condition indicated, require an action plan? YES / NO

Medicare Number :

Online payment receipt number Amount : \$

Office Use only:

*Proceed to BWSC Umina website (Make a Payment)

