## **BRISBANE WATER**



## **SECONDARY COLLEGE**

STRENGTH THROUGH UNITY

Dear Parent/Guardian,

Today's Date: 9/6/2017

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

Excursion Name:	Surfing Academy			Class/Group:	7-9
Destination:	McMasters and Avoca	Date:	21/06/2017	Cost:	\$30 Payable on day

All notes Reception and finalised by

Date: 16/6/2017

Organising teacher: Paul Gilmore

Email: Paul.Gilmore@det.nsw.edu.au
Phone: 0423979791

\*\*BWSC Umina has completed a Risk Assessment for this excursion which can be provided to parents if requested\*\*

Excursion description: Elite level coaching session conducted by Central Coast Surfing Academy

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.

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

Departure details:	Time: 7.30 am Leave by 8.0	0 am Location:	BWSC Umina		
Return details:	Time: After Lunch	Location:	BWSC Umina		
Transport:	Travel by organised transport. I will need the support of 3 parents minimum with roof racks to support 4 to 5 surfboards. We will need to transport students to the beach and back from the beach. The return time will be after lunch.  Could you call me or text me if you are available to help in transport 0423979791				
Dress Requirements:	Casual dress to suit the conditions. Wetsuits, towel water, sunblock.	Other Requirements: Surfboard. Lunch or small amount of money buy lunch and a drink.			

Paul Gilmore

**Excursion Co-ordinator** 

## **Surfing Academy Elite Coaching Permission Note**

Student name:	Roll call class	Sub Dissection Code: NA						
I hereby consent to my child attending the Surfing Academy Elite Coaching on 21/6/2017 and travelling by parent transport car to and from the venue. I consent to paying the cost of \$30 on the day and understand that it is an extra-curricular activity and that all elective fees must be paid prior. I consent to my child being responsible for completing missed work whilst participating on this excursion and for demonstrating appropriate behaviour.								
I am able to assist in the transport and can take students to and from the beach								
Name								
Emergency Contact name:	Emerge	ncy Contact Ph number:						
Signed:	Date:							
Medical condition (circle if applicable) Asthma Anaphylaxis Allergi	es (	Other:						
	ı	Medicare Number :						
Does the medical condition indicated, require an action plan? YES / NO		Office Use only: Sub Dissection Code: NA						