



Hurlstone Agricultural High School

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June 14, 2018

EXCURSION CONSENT FORM

YEAR 7 GALA Day 2018

Please complete and return this form to **PDHPE Staffroom** by **19/6/18**.

Dear parent/guardian,

- All Year 7 Students from Hurlstone will be playing in the Hume Zone Gala Day event, hosted by Ingleburn High School on Tuesday the **26/6/18**.
- This excursion has been planned to supplement the following work being done in the classroom:
Personal Development, Health and Physical Education
- The cost of the excursion is \$ **15 payable to the school registrar by 19th June**.

Netball - Coronation Park (mixed gender)
 Soccer - Coronation Park (Boys and Girls teams)
 Ultimate Frisbee - Bob Perenter Reserve (mixed gender)
 T-Ball - Milton Park Softball (mixed Gender)
 Touch Football - Milton Park (Boys and Girls Teams)

Teams will be catching a bus/ train between school and the following venues:

- Accompanying staff are **Mr T Willoughby, Ms T Tarrannum, Mr J Pearce, Ms M Barry, Mr S Chandra**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School uniform is to be worn to this excursion.

Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above.
- It will be used by the NSW Department of Education and Training for seeking consent for the child to undertake activities within this excursion activity.
- Provision of this information is required by law / voluntary. It will be stored securely.
- You may correct any personal information provided at any time by contacting HAHS on 9829 9222.

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Mr A. Wilson
Sports Coordinator

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Ms M. Pham
 Deputy Principal

✂<Please detach here...

Consent

I hereby consent toof class..... participation in the sport indicated below:

Frisbee Soccer Netball Touch T Ball

(Please circle sport)

At the Hume Zone Gala Day at Ingleburn & surrounding area on the **26/6/18**. I understand that the players will be absent from class for the whole day. I understand that physical activity may result in injury, however precautions will be taken to minimize the risk.

Return this note to: PDHPE staffroom by Tuesday 19/6/18

Special Needs

Special needs of my child which you should be aware (e.g. allergies, medication – please provide full details): I will notify the school of any change of the below circumstances.

I give permission for my child to receive medical treatment in case of emergency. **YES / NO (please circle)**

.....
Signature of Parent / Guardian

.....
Name of Parent / Guardian

.....
Date