NOTICE - 047 – 2016 Hooptime Basketball GR 4

Dear Parents/Guardians,

This year’s Junior Hooptime Basketball will take place at the Hamilton Indoor Leisure & Aquatic Centre. The following information/documents are included for you information and completion.

Details of supervising staff:
Kyle Hosking and Celeste Benoit

Cost:
$11

Departure details/Date of Excursion
Thursday 21st 2016.

Distance from expert medical care:
Hamilton Hospital is approximately 2km away.

Travel arrangements:
Students will be bussed to HILAC and returned to school for normal dismissal.

Forms Required by:
Forms and money are to be returned to the office by Friday 15th July, 2016

A risk management plan for this program has been developed by staff and is available for parents to review on request.

Attachments/Below
- Parent Excursion Consent Form

Food Requirements:
Students are to take their own lunch, snacks and drink bottles for the day.

Clothing:
Students are to wear the Gray St Sports Uniform and runners. Playing singlets will be supplied by us on the day.

Yours sincerely,
Sheree McGinley & Carolynn Murray
Hooptime Basketball Consent

Return attached completed form to school

Student behaviour

‘I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.’

ICT/Photograph consent

‘I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their current school.’ [Strike out if you do not consent]

‘I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.’ [Strike out if you do not consent]

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

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

Consent for emergency transportation

‘In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.’

Student accident insurance

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.
Hooptime Basketball - Grade 4

STUDENTS NAME:  …………………………………………….  GRADE:  …………………………….

Parent consent and payment

I have read all of the attached information provided by the school in relation to the Hooptime Basketball Competition including any attached material.

I give permission for my daughter/son ______________________________ (full name) to attend.

☐ I am able to assist with coaching a team
☐ I am able to assist with scoring
☐ I have enclosed the $11 entry fee.

Payment Method:  Cash / Cheque / EFTPOS / Please debit my: VISA / MASTERCARD (CIRCLE)

<table>
<thead>
<tr>
<th>CREDIT CARD NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPIRY DATE</td>
<td></td>
</tr>
<tr>
<td>NAME ON CARD</td>
<td></td>
</tr>
<tr>
<td>SIGNATURE</td>
<td></td>
</tr>
</tbody>
</table>

Parent/guardian:  ______________________________ (full name)

__________________________________________ (signature) __________ (date)

Office Use Only

Amount Received: $         Date:    /    /    

Payment Method: Cash / Cheque / EFTPOS / Credit Card

Initialled: