13 October 2015

Dear Parents/Guardians

YEAR 9 INFORMATION EVENING

As the first part of Year 9 is very busy with the students departing the school grounds on numerous occasions, we would like to have one permission slip to cover several of the activities.

1. **Cycling on the streets of Mt Waverley, to connect with different bike trails.**
2. **Travelling by bus to various activities.**
3. **Participating in the Triathlon.**
4. **Cycle to Southbank.** The students will require approximately $20 to buy their lunch at Southbank before the return journey.
5. **The purchase of a year 9 cycling shirt at approximately $50.** This will be charged to the students account.

Thank you for your support in streamlining this process.

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher in charge of my child, where the Principal or teacher in charge is unable to contact me, or if it is otherwise impracticable to contact me to:

- **Administer such first aid as the Principal or staff member may judge to be reasonably necessary.**

- **Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.**

- **Consent to and understand that I will be responsible for any costs incurred if an ambulance needs to be called.**

- **Due to organisational requirements, I understand that if this form and payment (if required) are not returned by the due date my child will not be able to attend the above activity. Parents/Guardians are welcome to contact the class teacher and make other arrangements if unable to have the forms/money returned by the due date.**

I ______________________ ______________________ (insert your name) give permission for my son/daughter ______________________ (insert students full name) to attend the activities/excursions as detailed

In case of emergency I can be contacted on: ______________________ OR: ______________________

Signed_____________________________ Date____________________
Please complete the following if you are able to assist as a bike rider or support vehicle on any of the rides.

- I am likely be available to ride with a group on one or more of the long bike rides
- I am able to provide a support vehicle with a bicycle rack on any of the rides
- I am available to ride on a Tuesday and Thursday afternoon from 1.15 -3.30.

Student’s name: _________________________________ (full name)

Contact Name: ____________________________  Contact Number: ____________________________

Emergency Contact Name: ____________________________  Contact Number: ____________________________

An easy way to contact me by email is:

_______________________________________________________________________________

Yours faithfully,

Amanda Vincent
Year 9 Co-ordinator