8 October 2013

Dear Parents/Guardians

YEAR 9 2014 PROGRAM

The first semester of Year 9 is very busy with the students departing the school grounds on numerous occasions. To streamline the permission process, please find attached a permission slip to cover several of the activities as detailed below.

1. Cycling on the streets of Mt Waverley, to connect with different bike trails

2. Participating in the Triathlon

3. Cycling to Warburton

4. Cycling to Southbank (The students will require approximately $20 to buy their lunch at Southbank before the return journey)

5. Travelling by bus to various activities (as required)

Please be aware that the purchase of a Year 9 Cycling Shirt at approximately $50 will need to be charged to your School Account.

Further information regarding each activity will be provided closer to the time.

Please feel free to contact me on 9807 8888 or email lparsons@huntingtower.vic.edu.au if you have any further questions, otherwise please complete the attached Permission Form and return to School Office by 25 November 2013.

Thank you for your support.

Yours faithfully

Leigh Parsons
Year 9 Co-ordinator
I give permission for my son / daughter __________________________ (Student Name) to attend the activities/excursions as detailed below;

- Cycling on the streets of Mt Waverley, to connect with different bike trails
- Participating in the Triathlon
- Cycling to Warburton
- Cycling to Southbank - The students will require approximately $20 to buy their lunch at Southbank before the return journey
- Travelling by bus to various activities
- The purchase of a Year 9 Cycling Shirt at approximately $50 - This will be charged to your School Account.

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.

Signature of Parent / Guardian: ________________________ Date: ________________

In case of emergency I can be contacted on: __________________ or ______________________

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

Please tick

<table>
<thead>
<tr>
<th>I am likely to be available to ride with a group on one or more of the long bike rides</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>I am able to provide a support vehicle with a bicycle rack on any of the rides</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>I am available to ride on a Tuesday and Thursday afternoon from 1.30pm-3.30pm</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Contact Name: ____________________________ Contact Number: ____________________________

Contact Email: ____________________________