



Evelyn  
Scott  
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: [evelynscottschool.information@ed.act.edu.au](mailto:evelynscottschool.information@ed.act.edu.au)

## South Weston Zone Athletics Carnival 2023

### DESCRIPTION:

Your child has been invited to represent the school at the South Weston Athletics Carnival. The event is being held at Woden Park and families are asked to arrange transport for their child/ren to and from the event. Dean Pilton is the teacher in charge and will meet students at the venue from 8am. Please find attached the events your child is entered in and the approximate time of their event/s.

<b>DATE:</b>	Thursday 17th August, 2023 (Term 3, week 5)
<b>VENUE:</b>	Woden Park, Ainsworth St, Phillip, ACT
<b>TRAVEL ARRANGEMENTS:</b>	Families to arrange transport to and from the venue for learners
<b>DEPARTURE &amp; RETURN TIMES:</b>	Meet Dean Pilton at the venue from 8:00am
<b>COST:</b>	Cost is \$10 per child (includes venue entry)
<b>CLASSES ATTENDING:</b>	Selected primary school learners
<b>STAFF ATTENDING:</b>	Dean Pilton
<b>WHAT TO BRING:</b>	Learners should bring: SunSmart hat, water bottle, recess and lunch, running shoes, running clothes, warm clothes for inbetween events
<b>NOTE &amp; PAYMENT DUE BY:</b>	Please return all notes and payment by <b>Friday 11th August, 2023</b> <b>Please note, we are unable to accept notes or payments after the cut off date.</b>

### Code of Conduct and Parental Agreements:

*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

Kind regards,

Dean Pilton

[dean.pilton@ed.act.edu.au](mailto:dean.pilton@ed.act.edu.au)



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## South Weston Zone Athletics Carnival 2023

STUDENT NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

I hereby consent to my child attending the above Evelyn Scott School excursion.

Please check the appropriate boxes:

☐ I have read and understand the attached information page for the event/excursion and I consent to the payment and travel arrangements.

☐ I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion

☐ The [Medical Information and consent form](#) only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to this form? Yes No

If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office).

☐ Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?  
Yes No

If yes, please complete a [Medication Authorisation and Administration Record](#) (available through the front office).

☐ Is there any additional information you need to provide to support your child's participation in this excursion?  
Yes No

PARENT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_

### PAYMENT OPTIONS: ESS Athletics Carnival 2023

- Pay via QuickWeb: <https://www.evelynscottschool.act.edu.au/Payment>

Please include the code: **'REGIONAL ATHLETICS'** as reference for the payment

- Pay over the phone by Credit Card/EFTPOS (call the front office on 6142 3491)
- Credit/Debit Card (please fill in details below and return to the Front Office)

☐ VISA ☐ MASTERCARD AMOUNT: \$10

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NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_