



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

Stromlo Leisure Centre Gym & Swim Excursion

DESCRIPTION:

As a part of their learning in Movement, learners in Years 9 and 10 have the opportunity to spend half of the day at Stromlo Leisure Centre. This is a great opportunity for them to learn in a local community facility. Our goal is that they are lifelong learners of Movement and Health. Experiencing options out in the local community is important to their overall learning in Movement and Health. At Stromlo Leisure Centre, they will complete a group training circuit when they first arrive and then they will be able to use the pool facilities from 1:30pm.

| | |
|---------------------------|--|
| DATE: | Tuesday 21st November (Term 4, Week 7) |
| VENUE: | Stromlo Leisure Centre, Uriarra Road and, Dave McInnes Rd, Stromlo ACT 2611 |
| TIMES: | Learners will walk from school at 11:30 and walk back to school at 2:40pm with teacher supervision. |
| COST: | \$15 (cover entry to the facility and training session) |
| CLASSES ATTENDING: | All learners in Years 9-10 |
| STAFF ATTENDING: | Grace Rees, Ross Dennis |
| WHAT TO BRING: | Learners should wear ESS School uniform and bring clothing suitable for exercise and swimming. Learners will also need a gym towel, beach towel, packed lunch and snacks, water bottle, hat & sunscreen for outdoors. There is also a cafe onsite if any learners wish to purchase food. |
| NOTE DUE BY: | Please return all notes by Wednesday 15th November 2023. <i>**Please note, learners will be unable to attend the excursion without signed parent/carer permission and payment.</i> |

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,

Grace Rees grace.rees@ed.act.edu.au



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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

AMOUNT: \$15

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

If paying via QuickWeb, please include the cost code: **SWIMGYM** as a reference

- Pay over the phone or in person by Credit Card/EFTPOS by calling the front office on 6142 3491

Office Staff to complete:

Received by: _____

Date: _____

Payment made via: _____ Entered on SAS: _____