



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)

## STROMLO LEISURE CENTRE FITNESS SESSIONS

### DESCRIPTION:

Learners in the Year 9-10 Movement elective class will participate in several fitness sessions at Stromlo Leisure Centre as part of their learning in Term 2. The sessions will take place on Friday mornings over five weeks, with one session per week.

<b>DATES:</b>	<ol style="list-style-type: none"><li>1. Friday 3 May - Term 2, Week 1</li><li>2. Friday 10 May - Term 2, Week 2</li><li>3. Friday 17 May - Term 2, Week 3</li><li>4. Friday 24 May - Term 2, Week 4</li><li>5. Friday 31 May - Term 2, Week 5</li></ol>
<b>VENUE:</b>	Stromlo Leisure Centre Gym and Pool, Uriarra and Dave McInnes Rd
<b>TRAVEL ARRANGEMENTS:</b>	Learners will be walking to and from the venue with their teacher
<b>DEPARTURE &amp; RETURN TIMES:</b>	Departing ESS at 9:30am Returning to ESS at 11:00am
<b>COST:</b>	Cost is \$46 per student (includes 10 x sessions and entry to the facility)
<b>CLASSES ATTENDING:</b>	Learners in Year 9-10 Movement Elective class
<b>STAFF ATTENDING:</b>	Ross Dennis
<b>WHAT TO BRING:</b>	Learners need to wear appropriate fitness attire for the sessions - they should check with Ross Dennis if unsure. Please ensure you bring a refillable water bottle and towel with you to each session.
<b>NOTE &amp; PAYMENT DUE BY:</b>	<b>Please return all notes and payment by Wed 1 May (Term 2, Week 1)</b> <i>Please note, students will be unable to attend the excursion without signed parent/carer permission.</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,

Ross Dennis

[ross.dennis@ed.act.edu.au](mailto:ross.dennis@ed.act.edu.au)



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## STROMLO LEISURE CENTRE FITNESS SESSIONS

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: \$46

- Pay via QuickWeb: <https://www.evelynscottschool.act.edu.au/Payment>  
If paying via QuickWeb, please include the cost code: **YEAR 9/10 STROMLO LCGF** 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: