



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)

## Secondary South Touch Competition

### DESCRIPTION:

Your child has been selected to play touch football for our school at the Secondary South Touch Football Carnival. Participants do not need to have experience at playing touch football, and only need to bring their school uniform and running shoes to play in. It is the responsibility of families to organise transportation of their child to and from the venue. If it is a cold day, players should bring warm clothes to wear in between games. Players should also bring enough food for a day of activity and have a drink bottle they can refill during the course of the day.

<b>DATE:</b>	Wednesday 1st March 2023 (Term 1, week 5)
<b>VENUE:</b>	Deakin Ovals, Makin Place, Deakin, 2600
<b>TRAVEL ARRANGEMENTS:</b>	Parents/Carers are required to arrange transport to and from the venue, please contact the teacher in charge if you have any queries
<b>DEPARTURE &amp; RETURN TIMES:</b>	Please drop players to the venue by no later than 8:30am Collection time is 3pm
<b>COST:</b>	Cost is \$10 per student (includes event entry)
<b>CLASSES ATTENDING:</b>	Selected learners from years 7, 8, 9 & 10
<b>STAFF ATTENDING:</b>	Ross Dennis and Matt James
<b>WHAT TO BRING:</b>	Students should bring: water bottle, lunch and snack food, sunsmart hat, running shoes
<b>NOTE &amp; PAYMENT DUE BY:</b>	Please return all notes and payment by <b>Monday 27th February, 2023</b> <b>Please note, students will be unable to attend the excursion without signed parent/carer permission</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,

ROSS DENNIS

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



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)

## Secondary South Touch Competition

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: Secondary South Touch Football Competition

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

EXP \_\_\_\_/\_\_\_\_

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

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