

## Online Form - Junior Girls Rock and Water Program - Term 3

Activity Name:	Junior Girls Rock and Water Program - Term 3	
Date/Time:	<ul> <li>Monday 19 August 2024 10:10am - 11:10am</li> <li>Monday 26 August 2024 10:10am - 11:10am</li> <li>Monday 2 September 2024 10:10am - 11:10am</li> <li>Monday 9 September 2024 10:10am - 11:10am</li> <li>Monday 16 September 2024 10:10am - 11:10am</li> <li>Monday 23 September 2024 10:10am - 11:10am</li> </ul>	
Description:	The Girls Rock and Water Program is a self development program designed to enhance a young persons resilience skills; monitor and identify their reactive behaviour patterns when placed in times of stress; develop their capacity to work effectively in a group situation by analysing how relationships are strengthened and to stand with focus and determination as an individual. The Girls Rock and Water Program provides GTHS students with the opportunity to engage in learning new positive coping skills through Psycho-physical training.  Rock and Water supervised by Maddie Keevill, one of GTHS's Student Support Officers.	
Venue:	Glendale Technology High School	
Dress Code:	Full school uniform with flat enclosed comfortable footwear.	
Food:	Students to pack their own lunch, snacks and water bottle.	
Additional Information:	Mobile phones - As this is a school event, normal mobile phone rules apply.  They must be turned off and locked in Yondr pouches.	
Due Date:	Monday 12 August 2024	

\* indicates a required field

I have read the above details and give consent for my child, to attend the Junior Girls Rock and Water Program

Parent/Carer Name: *  Parent/Carer Phone Number: *  Medical conditions/information relevant to the activity (including any medication required):  My child can be photographed at this event on the understanding the images may be used through our school communication.: *  Yes  No  Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: *  Yes  No	○ Yes ○ No	
Parent/Carer Phone Number: *  Medical conditions/information relevant to the activity (including any medication required):  My child can be photographed at this event on the understanding the images may be used through our school communication.: *  Yes  No  Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: *  Yes  No	Student Name:	
Parent/Carer Phone Number: *  Medical conditions/information relevant to the activity (including any medication required):  My child can be photographed at this event on the understanding the images may be used through our school communication.: *  Yes  No  Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: *  Yes  No		
Medical conditions/information relevant to the activity (including any medication required):  My child can be photographed at this event on the understanding the images may be used through our school communication.: *  Yes  No  No  No  No  No	Parent/Carer Name: *	
Medical conditions/information relevant to the activity (including any medication required):  My child can be photographed at this event on the understanding the images may be used through our school communication.: *  Yes  No  No  No  No  No		
My child can be photographed at this event on the understanding the images may be used through our school communication.: *  Yes  No  Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: *  Yes  No	Parent/Carer Phone Number: *	
Yes  No  No  No  No  No  No  No  No  No  N	Medical conditions/information relevant to the activity (including any medication	required):
Yes  No  No  No  No  No  No  No  No  No  N		
No  No you authorise medical aid if it is considered necessary by the supervising teacher/s?: *  Yes  No	My child can be photographed at this event on the understanding the images communication.: *	may be used through our school
Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: *  Yes  No	O Yes	
○ Yes ○ No	O No	
○ No	Do you authorise medical aid if it is considered necessary by the supervising	teacher/s?: *
	O Yes	
Parent/Carer Signature: *	O No	
	Parent/Carer Signature: *	