

Online Form - Bonnells Bay Public School Athletics Carnival - Sports Coaching

Activity Name:	Bonnells Bay Public School Athletics Carnival - Sports Coaching
Date/Time:	Thursday 16 May 2024 9:15am - 2:30pm
Description:	Students will gain mandatory hours for their Sports Coaching course while assisting Bonnells Bay Public school in the running of their Athletics Carnival. Supervising teacher: Ms Lewis (Bonnells Bay Public School)
Venue:	Hunter Sports Centre (Stockland Drive, Glendale 2285)
Transport:	Parents / Carers are responsible for students transport to and from the venue. Students wishing to drive to the venue, must complete a Permission to Drive note for driver / passenger. These are available for collection from the office, attached or on the school website.
Dress Code:	Full sport uniform including hat and sunscreen.
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. Numbers are limited for this excursion. Please submit your permission form as soon as possible.
Due Date:	Thursday 2 May 2024

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	soon as possible.
Due Date:	Thursday 2 May 2024
	* indicates a required field
I have read the above detail	s and give consent for my child, to attend the Bonnells Bay Public School Athletics
Carnival - Sports Coaching	
○ Yes ○ No	
Student Name:	
Parent/Carer Name: *	

Emergency Contact Name: * Emergency Contact Phone Number: * Medical Conditions (including any medication required): Dietary Requirements: 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 Signature: *	
Medical Conditions (including any medication required): Dietary Requirements: My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No No Yes No	mergency Contact Name: *
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Yes No) No
Yes No	o you authorise medical aid if it is considered necessary by the supervising teacher/s?:*
Parent/Carer Signature: *) No
	arent/Carer Signature: *