



**Online Form - Inclusive Boccia Competition**

<b>Activity Name:</b>	Inclusive Boccia Competition
<b>Date/Time:</b>	Friday 17 May 2024 9:00am - 2:50pm (Please note: Students will not return for regular school pick up time on a Friday. Students will not be back in time for assisted transport. Parents/carers must be able to collect students from school approximately 2:50pm.)
<b>Description:</b>	This is a great opportunity for students in the Thrive Academy to represent their school in a sporting competition. A team of students will be competing at the annual Inclusive School Sport Unit Boccia Competition. Attending teacher: S. Masters
<b>Cost:</b>	\$6.00
<b>Venue:</b>	Newcastle Basketball Stadium (27 Young Road, Broadmeadow NSW 2305)
<b>Start Location:</b>	Students will meet in the Glendale Technology High School bus bay.
<b>End Location:</b>	Students will be dismissed from Glendale Technology High School at the conclusion of the activity.
<b>Transport:</b>	Students will be catching public transport to and from the venue. They will be accompanied by a staff member. Each student will need to bring an Opal Card to travel on public transport with a minimum of \$10 on the card.
<b>Dress Code:</b>	Full school uniform with flat enclosed comfortable footwear and a hat.
<b>Food:</b>	Students to pack their own lunch, snacks and water bottle.
<b>Additional Information:</b>	Mobile phones - As this is a school event, normal mobile phone rules apply. They must be turned off and locked in Yondr pouches. Your supervising teacher will direct when mobile phones can be utilised for educational purposes.
<b>Due Date:</b>	Friday 3 May 2024

\* indicates a required field

**I have read the above details and give consent for my child, to attend the Inclusive Boccia Competition \***

Yes  No

**Student Name:**

**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

**I am aware that payment MUST be made by the next school day after permission has been provided. Failure to do so will forfeit your child's place in this excursion. : \***

Yes

**Parent/Carer Signature: \***

**Please note:** Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.