

Ø Online Form - Rock n Water - Term 2

Activity Name:	Rock n Water - Term 2
Date/Time:	 Wednesday 8 May 2024 10:10am - 11:10am Wednesday 15 May 2024 10:10am - 11:10am Wednesday 22 May 2024 10:10am - 11:10am Wednesday 29 May 2024 10:10am - 11:10am Wednesday 5 June 2024 10:10am - 11:10am Wednesday 12 June 2024 10:10am - 11:10am Wednesday 19 June 2024 10:10am - 11:10am Wednesday 26 June 2024 10:10am - 11:10pm
Description:	Glendale Technology High School is providing students with the opportunity to participate in the Rock and Water Program. The program includes topics that focus on emotional regulation and utilises physical activity to build confidence, self-esteem and allows students to build positive connections with peers. The Rock n Water program combines both practical and theory components that cover key themes of resilience, building respectful relationships and self-regulation. Attending teacher: S. McTiernan
Venue:	Glendale Technology High School
Dress Code:	Full school uniform with flat enclosed comfortable footwear.
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:	Friday 3 May 2024

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Due Date:	Friday 3 May 2024
I have read the above detail Yes No Student Name:	* indicates a required field s and give consent for my child, to attend the Rock n Water - Term 2 *
Parent/Carer Name: *	

Emergency Contact Name: * Emergency Contact Phone Number: * 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 No po you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No Parent/Carer Signature: *	
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 No No No No No	Parent/Carer Phone Number: *
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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	
Do you authorise medical aid if it is considered necessary by the supervising teacher/s?:* Yes No	
○ Yes ○ No	
Parent/Carer Signature: *	O No
	Parent/Carer Signature: *