

Ø Online Form - Open Girls Netball 2.4.25

| Activity Name: | Open Girls Netball 2.4.25 |
|-------------------------|---|
| Date/Time: | Wednesday 2 April 2025 8:15am - 1:30pm (Students are to arrive at 8:15am for a 9:00am game. The event will potentially finish earlier than 1:30pm.) |
| Description: | To participate in the next level of competition. |
| Cost: | \$13.00 |
| Venue: | Maitland Basketball Stadium (10 Bent Street, Maitland NSW 2320) |
| Start Location: | Students will meet at the venue at the time indicated on the permission note. |
| End Location: | Students will be dismissed from the venue at the conclusion of the activity. |
| Transport: | Parents / Carers are responsible for students transport to and from the venue. |
| Dress Code: | Students will be provided with a uniform. |
| Food: | Students are encouraged to bring their own food and drinks on the day. Canteen facilities will be available at the venue. |
| 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. Your supervising teacher will direct when mobile phones can be utilised for educational purposes. |
| Due Date: | Wednesday 26 March 2025 |

| Food: | Students are encouraged to bring their own food and drinks on the day. Canteen facilities will be available at the venue. |
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| 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. Your supervising teacher will direct when mobile phones can be utilised for educational purposes. |
| Due Date: | Wednesday 26 March 2025 |
| * indicates a required field I have read the above details and give consent for my child, to attend the Open Girls Netball 2.4.25 * Yes No Student Name: | |
| Parent/Carer Name: * | |
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| Parent/Carer Phone Number: * |
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| 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 |
| O No |
| Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * |
| ○ Yes |
| O 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. : * |
| O Yes |
| Does your student have any medical conditions? Please outline below. : |
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| Parent/Carer Signature: * |
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| Please note: Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page. |
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