



Dear Parent / Carer,

**PARENT INFORMATION AND CONSENT FORM
(INTER STATE TRAVEL)**

Thank you for your continuing support of the Gold Coast Netball Tour 2019. Enough students have indicated that they would like to participate to enable the trip to go ahead and I am pleased to provide you with the following details. This excursion has been planned to supplement the work being completed in your child's classroom.

If you give consent for your child to attend the excursion outlined below, please complete the permission slip attached together with the *Contract* and other relevant documents and return them to the college with the appropriate deposit by Friday 29 March 2019

| | |
|--|--|
| Purpose of Excursion: | Students to attend and compete in the Gold Coast Netball Carnival 2019. Tour gives students the opportunity to: <ul style="list-style-type: none"> • Apply netball skills and strategies in game situation in conditions different to those available in Perth, while also learning new skills at the Netball Clinic. • To provide students with the opportunities to further the development of interpersonal skills • Extend self-management skills with interstate travel, self contained shared accommodation and preparation for a tournament situation • Social interactions involved in playing in a large tournament and meeting students from around the world. |
| Destination: | Gold Coast, Queensland |
| Dates and duration of excursion: | Saturday 6 July 2019 – Monday 15 July 2019 |
| Time and date of departure from Perth airport: | Saturday 6 July 2019 at 13:45. Terminal 1. Flight: VA469 |
| Time and date of return at Perth airport: | Monday 15 July 2019 at 12:25. Terminal 1. Flight: VA464 |
| Travel Itinerary: | Sat 6 July 2019 - Depart Perth on VA467 at 08:00. MUST HAVE PHOTO ID Sat 6 July 2019 - Arrive Brisbane 14:25 Sunday 14 July 2019 - Depart Brisbane on VA4747 at 20:40. Monday 15 July 2019 - Arrive Perth at 00:25 |
| Ground Package Itinerary: | To be advised |
| Accommodation: | AVANI Apartments Broadbeach Gold Coast 2663 Gold Coast Hwy, Broadbeach QLD 4218 |
| Venues: | Various – to be advised. |
| Activities to be undertaken: | Competitive Netball Games, Excursions to Theme Park(s), Beach Games |
| Minimum number of students required for excursion to proceed: | 20 |
| Excursion Cost per Student: | See Payment Options and dates over the page. Please Note: that the excursion cost includes payment for staff to travel on the excursion. |
| Deposit required: | \$200.00 to secure flights and land package costs. |
| Optional Costs: | Pocket Money (Max \$50 cash and \$100 on card) |
| Special Clothing or other Items required: | Personal Netball equipment, bathers, casual clothes for evening activities and theme parks. |
| Members of Supervisory Team: | Ms D Papas, Additional |
| Contact arrangements during the excursion: | Ms D Papas – 0400 128 401 |
| Staff Member with CPR and/or first aid training is: | Ms D Papas, Ms S Cosh, 2 additional JFSC HPE Staff |

| | |
|---|--|
| Staff with Surf Rescue Certificate | Ms D Papas, Ms S Cosh, 2 additional JFSC HPE Staff |
| Student Health Care: | Student Health Care Summary to be up to date. (see consent form attached). |
| Water Based Activities Advice: | Water Based or Swimming Activities Advice - see attached. |
| Travel Insurance | To be organised by Parents/Carers - see attached. Please Note: It is highly recommended that travel insurance be taken out as soon as a deposit has been made. |

Please Note:

In accordance with the John Forrest Secondary College Policy only students whose college charges are fully paid may take part in interstate travel.

PAYMENT OPTIONS

For your convenience the following payment methods are available at the college:

- **Cash, Cheque or EFTPOS** (Savings/Cheque/Credit Accounts)
- **BPay** –contact the college on 9473 4017 or email rosemarie.berlingeri@education.wa.edu.au
- **Direct Deposit:** BSB: 066 132 Account No.: 00900083 Reference: Student Name
- **B-Point:** visit www.bpoint.com.au – Biller code: 1374834 Reference Number: Student full name or student number.

Please Note:

Full payment should be made by **Wednesday 29 May 2019** and that late cancellations will incur a penalty.

The following payment schedule is outlined for your convenience:

Option 1: Full payment of \$2,100.00 by Friday 29 March 2019

Option 2:

| Payment | Amount | Payment due date |
|---------------|----------|-------------------------|
| Deposit | \$200.00 | Friday 29 March 2019 |
| Payment 2 | \$475.00 | Wednesday 10 April 2019 |
| Payment 3 | \$475.00 | Wednesday 1 May 2019 |
| Payment 4 | \$475.00 | Wednesday 15 May 2019 |
| Final Payment | \$475.00 | Wednesday 29 May 2019 |

The excursion organisers realise the responsibility parents give them when allowing their child to attend the excursion and therefore endeavour to cover all eventualities. The organisers, like parents, place trust in the student to demonstrate sensible behaviour at all times. All excursions are an extension of school and carry the same rules and restrictions.

Yours sincerely



Diane Papas
TEACHER IN CHARGE



Melissa Gillett
PRINCIPAL

27 March 2019

Encs



JOHN FORREST Secondary College
INDEPENDENT PUBLIC SCHOOL

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STRICTLY CONFIDENTIAL
PARENT INFORMATION AND CONSENT FORM
(INTER STATE TRAVEL)

GOLD COAST TOUR 2019

This form must be completed and returned to the front office with the deposit by Friday 29 March 2019

Student Name: _____

Form: _____

Parent/Carer Information

| | |
|----------------------|--|
| Parent/Carer Name: | |
| Address: | |
| Home Phone Number: | |
| Work Phone Number: | |
| Mobile Phone Number: | |
| Other Phone Number: | |
| Email Address: | |

Emergency Contact Person

| | |
|---------------|--|
| Name: | |
| Phone Number: | |
| | |
| | |

Any other Relevant Information

| | |
|-----------------------|--|
| Dietary Requirements: | |
| | |
| | |
| | |

I confirm that the college has been notified of any medical conditions or illnesses that may affect my child.

I require a Student Health Care Summary form to update my child's medical conditions.

(Please contact the college on T: 9473 4013 if you require a Student Health Care Summary form).

If the proposed excursion poses any additional health risks to those identified in the *Student Health Care Summary*, eg if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

I have read and understood the information regarding the interstate excursion to **Gold Coast Tour 2019** from **Saturday 6 July 2019 to Monday 15 July 2019** and give my consent for _____ to participate.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the college and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the college or its employees are proven to be negligent.

Signature of Parent/Carer: _____

Date: _____

WATER BASED OR SWIMMING ACTIVITIES ADVICE

The excursion will involve the following water based or swimming activities: Leisure Swimming and post-game recovery

These activities will take place at: Accommodation pool, beach, Theme Parks

Water Based or Swimming Activities Response

Please indicate your child's swimming ability: _____

Department of Education Swimming Stage achieved: _____ Date achieved: _____

I am unsure - please assess my child:

Swimming Ability

| | | | |
|-------------------------|-------------------------|----------------------|-----------------------------------|
| Stage 1 Beginner | Stage 4 Water Awareness | Stage 7 Intermediate | Stage 10 Junior Swim and Survive* |
| Stage 2 Water Discovery | Stage 5 Water Sense | Stage 8 Water Wise | Stage 11 Swim and Survive* |
| Stage 3 Preliminary | Stage 6 Junior | Stage 9 Senior | Stage 12 Senior Swim and Survive* |

*Stages 10 to 12 are Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities including clothed survival and personal fitness for survival and extends the student's range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.

I give permission for my son/daughter to participate in the water based or swimming activities.

Signature of Parent/Carer: _____

Date: _____

**TRAVEL INSURANCE ADVICE
Interstate and Overseas Excursions**

All students intending to participate in an interstate or overseas excursion need current travel insurance cover. Students who do not have current insurance cover are not able to participate in the excursion.

Schools are sometimes asked by parents to arrange travel insurance or to provide recommendations about where to obtain travel insurance. However, the Department and schools are not permitted to obtain or broker travel insurance for students or any other person.

Normally, travel insurance cover is limited to matters such as loss of baggage, cancellation or changes to student travel arrangements etc. The personal accident component of the travel insurance may include limited emergency expenses. You should read the terms of your travel insurance carefully, particularly noting what circumstances and events are not covered by your policy. It is your responsibility to ensure that you are satisfied with the terms of the travel insurance that you obtain for your child.

TRAVEL INSURANCE RESPONSE

I confirm that I have arranged travel insurance with _____

Policy number: _____

Signature of Parent/Carer: _____

Date: _____



INTER STATE TRAVEL
GOLD COAST TOUR 2019

Student Contract

As a member of John Forrest Secondary College I agree to:

- Represent John Forrest Secondary College proudly and comply with all college policies and guidelines.
- Work cooperatively with the excursion organisers at all times.
- Be sensitive to the feelings of fellow excursion participants.
- Represent myself, my parents and my college at all times in a manner beyond reproach and with a clear understanding of my responsibilities as a participant.
- Allow my image to be used for photographic, web site or video reproduction for promotional purposes.

I understand that if I infringe any verbal or written instruction or breach any aspect of this contract I may be returned to my home at my parents' expense.

Student Full Name: _____

Signature of Student: _____

Date: _____

Parent/Carer Contract

I declare that:

1. I understand that placement will be confirmed on receipt of the following:
 - Payment of deposit by the set date.
 - Signed Student Contract and Parent Contract document.
 - Full payment of college charges.
2. I have:
 - Read and understood the *Parent Information and Consent Form* dated 27 March 2019
 - Provided up to date medical information for my child.
 - Paid or made arrangements to pay all outstanding college charges.
3. I agree to:
 - Meet payment deadlines as set out in the *Parent Information and Consent Form* and I am aware the total cost of the excursion is approximately \$2,100.00 (subject to air fares).
 - The conditions of the excursion including travel arrangements and accommodation requirements.
 - Fully support my child and his/her decision to participate in the excursion.
 - Pay all costs if my child is returned home for breaking excursion rules.
4. I understand that full payment must be made by the due date and that late cancellations will incur a penalty.
5. I understand that my child will not be able to participate in this excursion if I have not provided a copy of the travel insurance policy covering the student for this excursion.
6. I give my permission:
 - For my child to take part in the excursion.
 - For my child to be involved in water based activities while on the excursion.
 - For camp organisers to seek medical attention for my child if required.
 - For my child's image to be used for photographic, web site or video reproduction for promotional purposes.

In the event of a student withdrawing from the excursion the college will be unable to guarantee a full refund after air fares and ground packages have been purchased.

Parent/Carer Full Name: _____

Signature of Parent/Carer: _____

Date: _____