

Ainslie School

Donaldson Street,
BRADDON, ACT 2612
ABN 49 137 579 425

Tel: (02) 6142 3060
Fax: (02) 6142 3062
AinslieSchool@ed.act.edu.au
<http://www.ainslies.act.edu.au>
Twitter: @Ainslie School



ACT School Titles Futsal 2020

Dear Families

Your child has expressed interest in representing Ainslie School at the ACT School Titles Futsal at the Lyneham Netball Centre on **Monday 23rd March 2020**. Please return the attached note by **Monday 9 March 2020** as the number of players is limited and positions will fill quickly.

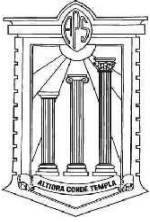
Event	ACT School Titles Futsal Under 10s (born in 2010 or younger) Under 12s (born in 2008 or younger)
Venue	Lyneham Indoor Netball Centre, 435 Northbourne Avenue, Lyneham
Date	Monday 23 rd March 2020
Time of Event	8.30am – 3pm
Supervision	A teacher from Ainslie School will supervise on the day.
Transport	Parents are responsible for arranging transport for their child/ren to and from the event.
Cost	\$15 per student (to be paid to the school front office) . Please do not hesitate to contact the School office team should you require financial support.
Clothing	Futsal boots or sneakers, shin pads, shorts and a team shirt (provided). Sun Smart Hat.
Food	Students are required to bring their own food and drinks.
Medication	Students requiring an asthma puffer or any other medication are to bring their own. Medication must be labelled and handed to the supervising teacher on arrival.
Further Information	School Sport ACT and Ainslie School will put updated information (if required) on their Facebook pages.

If you can assist as a team manager on the day, leave your name and contact phone number on the following permission note and/or contact Mel Cummins. Melanie.Cummins@ed.act.edu.au

If you have any further questions please do not hesitate to contact me.

Regards,

Melanie Cummins
Melanie.Cummins@ed.act.edu.au
March 2 2020



Ainslie School

Donaldson Street,
BRADDON, ACT 2612
ABN 49 137 579 425



ACT School Titles Futsal 2020 - Permission Note

I give permission for my child _____ in class _____ to attend the **ACT School Titles Futsal** at Lyneham Indoor Netball centre, Lyneham on **Monday 23rd March 2020**. **I will be responsible for transport for my child to and from the event.**

My child will participate in *(Please tick correct box)*

Under 10s (born in 2010 or younger) Under 12s (born in 2008 or younger)

I can assist as a team manager on the day. Name _____ Phone _____

You may choose to pay by cash, cheque or EFT. The details are as follows:

Account Name: Ainslie School BSB : 032 777 Acct No: 000962

ATTACHED IS: CASH/CHEQUE PAYMENT FAMILY ACCOUNT EFT PAYMENT QUICKWEB
PAYMENT

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. These contributions are voluntary. The school has made every effort to keep costs for this activity at a reasonable level. Should you require financial assistance please contact our Business Manager, Stav Lourandos..

Staff accompanying students on excursions will take all reasonable care while the students are in their care to protect them from injury. Parents should be aware that staff members are not responsible for injuries or damage to property that may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.
ACT ED Policy

Parent/carer name (printed):

Signed Date

Have you previously completed the full version of the **Excursion Medical Information and Consent Form** for your child during this calendar year? _____
Has your child suffered from any acute illness or injury or been treated by a medical practitioner for an illness during the past 4 weeks? _____ If YES, please provide details of the illness/injury.

(If your child's medical information has changed please update this with the front office prior to the excursion).

In case of an emergency during the excursion:

Contact name: _____

Daytime contact phone number: _____

Full name of parent/ guardian (please print): _____

Signature of parent/guardian: _____ Date: _____