



Ainslie School

Donaldson Street,
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Year 5/6 Touch Football Gala Day 2020

Dear Families

Your child has expressed interest in representing Ainslie School at the **Year 5/6 Gala Day** at the Dickson Playing Fields on **Wednesday 8th April 2020**. Please return the attached note by **Monday 9 March 2020** as the number of players is limited and positions will fill quickly.

Event	Year 3/4 Netball Gala Day
Venue	Dickson Playing Fields, Antill Street, Dickson
Date	Wednesday 8th April 2020
Time of Event	8.30am – 2.30pm
Supervision	Ainslie School will provide a teacher to supervise on the day.
Transport	Parents are responsible for arranging transport for their child/ren to and from the event.
Cost	\$10 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	Football boots or sneakers and comfortable clothing.
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, please 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
February 28 2020



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Year 5/6 Touch Football Gala 2020 Permission Note

I give permission for my child _____ in class _____ to attend the **Year 5/6 Touch Football Gala Day** at Dickson Playing Fields on **Wednesday 8 April 2020** . **I will be responsible for transport for my child to and from the event.**

I can assist with umpiring 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: _____