SNOW EXCURSION
YEAR 9 and 10 PASS

December 2022

Dear Parent/Caregiver

The Principal has approved the PD/Health/PE Faculty organising an excursion to The Snowy Mountains on Sunday 3rd September 2023 – Wednesday 6th September 2023 for students in Year 9 and 10 PASS classes. The excursion is invitation only and is extended to students who have consistently displayed the following criteria:

- Wear the school uniform at all times – this includes correct sports uniform.
- Comply with the GHS Code of Conduct – Students on a Level 1 or 2, Level 2 Return to Class, Return from Formal Caution of suspension and/or suspension will attend this event at the discretion of the faculty organising Head Teacher
- Have a daily attendance pattern above 85%.
- All absences must be explained with a written note, email or telephone message from parents/carers.
- All assessment tasks completed on time. Any N-determination warning letters must be resolved within stipulated timeframe, i.e. no further extensions.

The cost of the excursion will be approximately $920 which includes:

- Coach there and back
- Coach to the ski fields each day
- Accommodation
- Meals (breakfast, lunch and dinner)
- Ski/Board hire
- Ski/Board clothing hire including skis/board/ boots/overpants/parka/ helmet
- 3 day ski lift pass
- Daily lessons

Students will have to supply their own gloves, neckwarmer and goggles

Snow skiing days will be Monday 4th, Tuesday 5th and Wednesday 6th September, returning Wednesday night. Parents are requested to follow the payment plan as set out below.

Deposit	**$300 due 13th February 2023**
2nd instalment:	**$300 due 28th April 2023**
Final instalment:	**Approx $320 Final amount to be confirmed closer to the date due 26th June 2023**

NOTE: If parents/carers wish to set up a payment plan, the entire cost of the excursion must be paid by the final due date as set out in the information distributed. Due to the number of third party companies used in this excursion, NO REFUND will given after 26th June 2023. This includes students who are prevented from attending due to unacceptable behaviours or illness as set down in the initial information. .

Transport:	Seat Belted Coach
Time of Departure	10am Sunday 3rd September 2023
Anticipated Time of Return	11pm Wednesday 6th September 2023
Supervising Teachers	Ms Watt, Mr Whiteman TBC (all with CPR)

Ms Watt / Mr Whiteman
PDHPE Teachers
Snow Sports excursion Co-Ordinators

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Dear Parent/Caregiver

Please complete all sections and return to Ms Watt by **13 February 2023**

I have read the information regarding activities and give permission for my child _____ to attend and participate in all activities involved in the Snow Sports excursion from Sunday 3/9/23 – 6/9/23. I understand that my child is to comply with Galston High School's Code of Conduct and must show the school's core values of respect, responsibility and personal best.

* Parent/Caregiver signature: _____ Date: _____

Student Details

Student Name: _____ Date of Birth: _____

Parent/Caregiver name: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Emergency Contact: _____ Phone: _____

Medical Details

Medicare Number: _____

List details of any medical conditions (asthma, diabetes, epilepsy, etc.). Please note any details of your child's medical management program.

_____

_____

_____

Give details of any medication your child is currently taking together with the dispensing routine. Medication brought to camp should have the child's name, dosage and dosage times clearly marked. Only medication in the child's name will be administered.

_____

_____

I give permission for the following medications to be administered in case of sickness/headache

Panadol Yes No Nurofen Yes No

* Parent/Caregiver signature: _____ Date_____

Diet

Please give details if your child requires a special diet. (Do not include child's likes & dislikes)

_____

_____

_____

PARENT(S) AND CAREGIVER(S) UNDERSTANDING OF OUTDOOR ACTIVITIES

Please initial each condition to show you have read, understood and accepted each condition.

1. I/We recognise that Outdoor Pursuits are dangerous activities and that there is an element of risk involved. …… (Initial)
2. All instructions by the establishment's staff must be observed if participating in any activity ……. (Initial)
3. My child understands that they have a responsibility to behave sensibly and follow the instructions given by the Teacher and/or Instructor and follow the Alpine Responsibility Code ……. (Initial)
4. We know and understand the inherent risks of the activities the students are participating in. …… (Initial)

IMPORTANT INFORMATION

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education and Communities for students in relation to school sporting activities, physical education lessons or any other school activity. Personal accident insurance cover is available through normal retail insurance outlets.

MEDICAL ASSISTANCE:

I understand that the teacher in charge of the excursion will seek medical aid for my daughter/son/ward should he/she deem this necessary. The personal information provided on this permission note, will be used by the Department of Education and Communities for general administration and communication and other matters of welfare relating to your child at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the team management.

* Parent/Caregiver signature: _____ Date_____