



Dear Parent/Guardian

I am pleased to provide you with the following details regarding our Before School Surfing Programme to be held at Trigg Beach every Friday morning from the 23rd of October to the 27th of November.

Please retain this information and return the consent form (opposite) by Friday the 25th of September.

PURPOSE OF

THE EXCURSION: Learning to surf – Learning about important aspects of water safety.

ACTIVITIES TO

BE CONDUCTED: Six week program run by Surfing WA

DATE: 23/10/15 – 27/11/15: Six surfing lessons

TIME: 7:30am – 8:30am

COST: \$70

DRESS: Wet suits provided.

ITEMS

REQUIRED: Towel and a warm change of clothes.

SUPERVISION: Surfing WA instructors, Brent Snook.

NOTE:
Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Costs incurred as a result of accident or illness are the responsibility of the parent/ guardian.
Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students. Should you have any queries, please do not hesitate to contact me/ the teacher in charge of the excursion on 9381 1655 or via email.

Mr Brent Snook

Ms Fiona Kelly
Principal

PAYMENT METHOD

Child's name: _____ Teacher: _____

My child will be participating in **surfing lessons provided by Surfing WA** from the **23/10/15 – 27/11/15**.

Please:-

Debit my child's school based account (please ensure funds available before choosing this option).

I have paid by Direct Bank Deposit (BSB:036 044 Acct. No:123672 Ref:Student's name)

I enclose \$ _____ (No change will be given. A credit will appear on your statement).

Credit card: Type _____ Card No. _____

Expiry date _____ Amount _____ CCV _____

Signature: _____

SURFING WA EXCURSION CONSENT FORM

I have read and understood the information regarding the Surfing WA lessons excursion from the 23/10/15 to 27/11/15 and give my consent for my son/daughter _____ from class _____ to attend.

Signature of parent/guardian _____ Date _____

RETURN TO BRENT SNOOK BY FRIDAY SEPTEMBER 25th