



# Upper Yarra Primary Schools Sports Association

Co Andrew Devisser Launching Place Primary  
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## ORIENTEERING – MAROONDAH DAM Friday 21<sup>st</sup> October 2016 Maroondah Dam

Dear Parents,

The Upper Yarra Primary Schools Sports Association in conjunction with the management of Maroondah Dam and the Victorian Orienteering Association has developed 12 courses at the Maroondah Reservoir Park. These courses cater for grade 3 to 6 and any parent that might like to participate. This has become an annual event for our Sports Association. It allows the children to progress through a more difficult course each year they participate.

Even though the emphasis of the day is fun and participation, some children will want to be competitive and run against the clock which is fine. Children can run in pairs or as individuals. As well as being a great fun physical activity it also uses many mapping and maths skills. Children will participate in Orienteering in the morning and will be involved in a Treasure Trail in the afternoon. Simple prizes will be awarded to every child that has a go and is successful.

Maroondah Reservoir Park is a great venue in our district and it should be a great day, provided the weather helps us out. Children will need a suitable lunch and play lunch as well as a couple of drinks. (Boxed drinks only).

Parents are welcome to attend and also participate on an appropriate course. All children are expected to participate.

Please complete the form below and return with the \$9.00 (bus money and associated costs - maps etc.) to cover the cost of the excursion.

Thank you for your support.

Andrew Devisser

(Yarra Division Officer)

Therese Myring, Jo McCracken & Alex Harvey - Grade 3-6 Teachers

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## GRADE 3-6 ORIENTEERING – MAROONDAH DAM Friday 21st October 2016 Maroondah Dam

The Principal

Wandin Yallock Primary School

I give permission for my child \_\_\_\_\_ Grade \_\_\_\_\_ to attend Grade 3-6 Orienteering at Maroondah Dam on Friday 21<sup>st</sup> October. Students will be travelling by seat belted bus, leaving school at 9am and arriving back at 3.00pm.

I consent to my child taking part in this excursion. I authorize the teacher in charge, when it is not possible or otherwise impracticable to contact me, to consent to my child receiving any medical or surgical treatment as may be deemed necessary by a medical practitioner or administer such first-aid as the teacher-in-charge judges to be reasonably necessary and I accept responsibility for the payment of any medical or transport expenses thus incurred.

Parent/Guardian's Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Information - Please tick if your child suffers any of the following:

- Asthma  Anaphylaxis  Travel sickness  
 Other: \_\_\_\_\_

### Medication

Is your child taking any medicine(s)?  Yes  No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication including details of child's name, dosage and time taken must be given to the teacher-in-charge.

*This confidential consent form asks for personal information about your child as well as family members that provide care for your child. All staff at Wandin Yallock Primary School and the Department of Education & Training are required by law to protect the information provided by this consent form. The Department of Education & Training requires this consent form to be signed for all students attending school excursions.*

### Please select Payment Method

(Please note you can include payment for all siblings in the one envelope but one consent form for each child must be included.)

- Please take payment of \$9.00 from my account **which is in credit**.  
 Please take payment of \$9.00 from my **Camps, Sports, Excursion Funding** (Approved recipients only).  
 I enclose \$9.00.  
 Payment by cheque – (made payable to 'Wandin Yallock Primary School')  Payment by cash or EFTPOS at office  
 Direct Deposit: Account Name – WANDIN YALLOCK PRIMARY SCHOOL  
BSB: 633 000 Account: 117 554 592  
Please use the Parent Family Name when entering your details.  
 \$9.00 Payment by Credit Card – (MasterCard/Visa)

Credit Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount: \_\_\_\_\_ Name as appears on Credit Card: \_\_\_\_\_  
Cardholders Signature: \_\_\_\_\_