



# HOOP TIME BASKETBALL FINALS

## FRIDAY 21<sup>ST</sup> OCTOBER 2016



Congratulations on making it through to the 2016 Hoop Time finals! We are very proud to have such a fantastic team of Wandin Yallock students representing our school at this event.

Parents are responsible for transporting students to and from Kilsyth Basketball Stadium. We require students to be at the stadium by 9.50am for a 10.00am start and picked up at the stadium approximately 2.15pm.

Please send the permission form below and \$10.00 back to school by **Wednesday 12<sup>th</sup> October**.

We really need parents and helpers to join in on the day to cheer on our Wandin Yallock basketball team and to assist with scoring. Any help would be greatly appreciated. A Wandin Yallock staff member will also be present on the day.

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### MCDONALDS HOOPTIME FINALS

FRIDAY 21<sup>ST</sup> OCTOBER 2016 - KILSYTH STADIUM

The Principal  
Wandin Yallock Primary School

I give permission for my child \_\_\_\_\_ Grade \_\_\_\_\_ to attend McDonalds Hoop Time finals at Kilsyth Basketball Stadium on Friday 21st October 2016. Students will be transported by parents.

I consent to my child taking part in this excursion. I authorise 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: \_\_\_\_\_

**Parents:**

- I will be attending on the day.
- I can assist with scoring.
- I will transport and collect my child.
- I have arranged for \_\_\_\_\_ to transport my child.  
(Contact No.: \_\_\_\_\_)
- I have arranged for \_\_\_\_\_ to collect my child.  
(Contact No.: \_\_\_\_\_)

**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 \$10 from my account **which is in credit.**
- Please take payment of \$10 from my **Camps, Sports, Excursion Funding** *(Approved recipients only).*
- I enclose \$10.
- 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.
- \$10 Payment by Credit Card – (MasterCard/Visa)

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

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

Cardholders Signature: \_\_\_\_\_