



**Evelyn
Scott
School**

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

Secondary South Volleyball Competitions

DESCRIPTION:

Selected learners in Years 7 to 10 are invited to compete in the Secondary South Volleyball Competition on Friday 17th May (Girls competition) and 24th May (Boys competition). Evelyn Scott School Senior Campus will be fielding teams into both the Boys and Girls Competitions again this year. Participation links to the Health and Physical Education curriculum, targeting the Achievement Standards of:

Year 7-8:

- Students apply and transfer movement skills and movement concepts across a broad range of situations
- They select, use and refine strategies to support inclusion, fair play and collaboration across a range of movement contexts

Year 9-10:

- Students evaluate and refine their own and others' movement skills and performances, and apply movement concepts in challenging or unfamiliar situations
- They apply and evaluate leadership approaches, collaboration strategies and ethical behaviours across a range of movement contexts.

DATES:	Girls Competition: Friday 17th May 2024 (Term 2, Week 3) Boys Competition: Friday 24th May 2024 (term 2, Week 4)
VENUE:	Southern Cross Stadium, 7 Pitman Street, Greenway ACT
TRAVEL ARRANGEMENTS:	Families will be responsible for transporting learners to and from the venue
DROP OFF & PICK UP TIMES:	Learners will need to arrive by 8:30am All learners will need to be collected at 3:00pm
COST:	Cost is \$10 per student - payable to Evelyn Scott School
LEARNERS ATTENDING:	Selected learners from Years 7 to 10
STAFF ATTENDING:	Ross Dennis and Patrick Kien
WHAT TO BRING:	Learners should wear an ESS school shirt, appropriate footwear for volleyball and bring food and water for the day. Kneepads are optional.
NOTE & PAYMENT DUE BY:	Please return notes and payment by Wednesday 8th May (Term 2, Week 2) <i>Please note, students will be unable to attend the excursion without signed parent/carer permission.</i>

Code of Conduct and Parental Agreements:

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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent. Parents 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. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Kind regards,

Patrick Kien

patrick.kien@ed.act.edu.au



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

Secondary South Volleyball Competitions

STUDENT NAME: _____ CLASS: _____

I hereby consent to my child attending the above Evelyn Scott School excursion.

Please check the appropriate boxes:

I have read and understand the attached information page for the event/excursion and I consent to the payment and travel arrangements.

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion

The [Medical Information and consent form](#) only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to this form? Yes No

If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?
Yes No

If yes, please complete a [Medication Authorisation and Administration Record](#) (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?
Yes No

PARENT NAME: _____ SIGNATURE: _____

DATE: _____ CONTACT PHONE NUMBER: _____

PAYMENT OPTIONS

AMOUNT: \$10

- Pay via QuickWeb: <https://www.evelynscottschool.act.edu.au/Payment>
- If paying via QuickWeb, please include the cost codes:
BSSVC as a reference for Boys competition or **GSSVC** as a reference for Girls competition
- Pay over the phone or in person by Credit Card/EFTPOS by calling the front office on 6142 3491

Office Staff to complete:

Received by: _____

Date: _____

Payment made via: _____ Entered on SAS: