



Dear Parents/Guardians,

West Leederville PS will be providing a before school safe surfing program run by Surfing Western Australia for Years 5 & 6 students in Term 4. There are six sessions that will run from Wednesday 30th October to Wednesday 4th December. Only 40 places are available and students will be allocated on a 'first in, best dressed' basis. Parents are responsible for the transportation of children to and from Trigg Beach on Wednesday mornings.

Please retain this information and return the consent form (opposite) to the office by Thursday 24th October 2019.

- VENUE: Trigg Beach
- DATE: Wednesday 30th October – Wednesday 4th December
- TIME: 7.30am – 8.30am
- TRANSPORT: Private Transport
- COST: \$84
- DRESS: Bathers, wet suit, sunscreen and towel
- SUPERVISION: Surfing Western Australian Instructors, Mr Braimbridge

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 Braimbridge
Phys Ed Teacher

Fiona Kelly
Principal

2019 SURFING CLINIC PAYMENT METHOD
Students from Years 5 & 6 (optional) \$84 per student

Child's name: _____ Teacher: _____

My child will be participating in the Term 4 surfing clinic for the cost of \$84.

Please:-

- Debit my child's school based account. (PLEASE ENSURE SUFFICIENT FUNDS).
- I have paid by Direct Bank Deposit (BSB:036 044 Acct. No:123672 Ref:Student's name) Bank reference no: _____ Date: _____
- I enclose \$ _____ (Please bring cash directly to the office. No change will be given. A credit will appear on your statement).
- Credit card: Type _____ Card No. _____
Expiry date _____ Amount _____
Signature: _____ Date: _____
(Credit Card payments only accepted where cost exceeds \$15)

2019 SURFING CLINIC EXCURSION CONSENT FORM
Years 5 & 6 students (optional)

I have read and understood the information regarding the Surfing clinic on from Wednesday 30th October to Wednesday 4th December and give my consent for _____ (name) to attend. I agree to arrange transport for my child to and from the clinics.

Child's name: _____ Teacher: _____

Signature of parent/guardian _____ Date _____

RETURN TO THE OFFICE BY THURSDAY 24th OCTOBER 2019