



## YOUNG HIGH SCHOOL

Campbell Street  
(Locked Bag 8008)  
Young NSW 2594  
Phone: 02 6382 1166  
ABN: 18 246 198 266

<b>EXCURSION:</b> Schools Cup Netball	<b>VENUE:</b> PCYC Courts - Young
<b>DATE:</b> 16th May 2024	<b>DEPART TIME:</b> 8.30 <b>RETURN TIME:</b> 3.00
<b>COST:</b> \$5.00	<b>NOTES AND MONEY TO BE RETURNED BY:</b> 9th May 2024
<b>ORGANISER:</b> L.Wells	<b>FACULTY:</b> CC
<b>GROUP/CLASS ATTENDING:</b> Years 7-10	<b>No OF STUDENTS:</b> 40

**Educational value of excursion:** Students will have the opportunity to play netball against a range of local schools in the hope to proceed to Regional finals in September.

**Transport:** Own

**Uniform:** School sport Uniform

**Other information:** Please bring sunscreen, own food, hat, and water bottle.

**SUPERVISING STAFF:** L.Wells, J.Beckett, E.Rae

**CONTACT PHONE NUMBER:** 63821166 (school)

**ORGANISING TEACHER:** L.Wells

**PRINCIPAL:** Anna Barker

Students who miss a paid excursion will NOT be refunded any moneys paid without the approval of the Principal.

Please keep this page for your own reference.

Please return the next page with payment to front office.

## REACH FOR THE STARS

Growth Resilience Empathy Acceptance Teamwork

**PARENTAL/GUARDIAN GENERAL CONSENT FORM**

**EXCURSION TO:**

I hereby give my consent for: \_\_\_\_\_ of year \_\_\_\_\_

to participate in excursion to: Schools Cup Netball on 16/5/2024

I give permission for my child to receive medical treatment in case of emergency.

Medicare Number: \_\_\_\_\_

My child has the following special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Please attach further details)

EMERGENCY CONTACT PHONE No. (work) \_\_\_\_\_ (home/mobile) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

- An additional consent is required for excursions involving water activities, overnight stays, and travel by air or private car.
- Payment may be made at the front office between 8:30 and 8:55am, at Recess or Lunch or vis the school website.
- For all excursions the signed consent form and the required payment (deposit or full cost) must be taken to the Front Office.
- Students who miss a paid excursion will NOT be refunded any moneys paid without the approval of the Principal.

**PAYMENT INFORMATION**

I enclose cash / cheque in the amount of \$5.00

I have made an online payment as detailed below.

Please access payment from my child's scholarship funds.

DESCRIPTION REFERENCE (to be entered when making online payment)

Online Receipt Number: \_\_\_\_\_

Amount: \$ 5.00 \_\_\_\_\_ Date Paid: \_\_\_\_\_