



## Online Form - Year 6 Excursion to the Hijinx

<b>Activity Name:</b>	Year 6 Excursion to the Hijinx
<b>Date/Time:</b>	Tuesday 17 December 2024 8:50am - 2:00pm (bus departing at 9am sharp)
<b>Description:</b>	To support and to celebrate the conclusion of Year 6 at Grays Point Public School we have organised an excursion to the Hijinx where the students will complete challenge rooms, play laser tag and have 9 holes of mini golf. This excursion will be a great opportunity to have some fun altogether after a busy year of learning.
<b>Cost:</b>	\$50.00
<b>Venue:</b>	Hijinx (75 O'Reardon Street, Alexandria)
<b>Transport:</b>	Students will travel by bus to from the venue
<b>Dress Code:</b>	Students are to wear the sports uniform
<b>Food:</b>	Students are to bring recess, lunch, fruit break and water
<b>Due Date:</b>	Monday 16 December 2024

\* indicates a required field

I have read the above details and give consent for my child, to attend the Year 6 Excursion to the Hijinx \*

☐ Yes ☐ No

**Student Name:**

**Parent/Carer Name: \***

**Parent/Carer Phone Number: \***

**Medical Assistance - in the event of injury or illness, I authorise on my behalf the seeking of such medical assistance that my child may require: \***

☐ Yes

**Personal Injury - I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: \***

☐ Yes

**Concussion - if my child is diagnosed with concussion at any time, I must inform the school in writing and provide a medical clearance to support their return to physical activity. If my child experiences a suspected concussion during school , they will be removed from this event and medical follow-up recommended: \***

☐ Yes

**Illness - I confirm my child will not attend if displaying symptoms of illness, and/or directed to isolate under public health orders: \***

☐ Yes

**Supervision - I acknowledge that my child will be under the duty of care of the supervising teacher: \***

☐ Yes

**Behaviour - I acknowledge that if my child seriously contravenes behaviour expectation, they may be immediately excluded from this event: \***

☐ Yes

**Parent/Carer Signature: \***

**Please note:** Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.