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Education



HARRISON
SCHOOL

GYM FITNESS CLASSES ELEMENTS 4 LIFE

Dear Parents/Carers,

This Semester students have chosen the enrichment subject Gym Fitness. As part of the program we will be visiting Elements4Life at Harrison to experience group fitness classes. Students will be participating in activities such as Boxing, Bootcamp, HIIT and Circuit training run by professional Personal Trainers.

- Event:** Gym Fitness
- Venues:** Elements4Life (walking with teacher supervision)
- Teachers:** Roxy McKay
- Dates:** 27 July, 10 & 24 August, 7 & 21 September, 19 October, 16 & 30 November & 14 December 2017
- Time:** 1:50pm to 2:55pm
- Cost:** \$22.00
- What to Take:** Students need to wear their Harrison PE uniform to the event, including appropriate footwear for exercise, a drink bottle and a willingness to give new things a go!

Please return the following permission note, code of conduct form and medical note to the senior school office by Monday 24 July 2017.

Notes not returned will result in student being placed by staff into an alternate Enrichment for those dates. If you have any concerns about this excursions please contact the school on 61422200.

Kind regards,

Roxy McKay

Please keep this page for future reference



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My child _____ of class _____ (class teacher's name) has my permission to attend the Gym Fitness classes at the above venues on the following dates: 27 July, 10 & 24 August, 7 & 21 September, 19 October, 16 & 30 November & 14 December 2017

- I enclose \$22.00
- I give permission for my child to be released from Elements4Life Harrison

I authorise the teacher in charge of this excursion to make arrangements for the welfare of my child, including medical or surgical treatment in an emergency. I also agree to meet the costs associated with any emergency arrangement.

I agree that my child will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student to school at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action. I understand that my child may require private transport and I authorise for this mode of transport to occur.

I have read and understand the attached information regarding this excursion.

Emergency contact on the day:

Name: _____ Phone No: _____

Any known medical conditions that may affect your child at the excursion:

Signed _____ (parent/guardian) Date: _____

Please be aware of the following:

Staff accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their behaviour and activities. 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 impulse, wilful or disobedient behaviour.

Fee code: GYM ELEMEN



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CODE OF CONDUCT FOR TEAM MEMBERS

The following Code of Conduct shall apply to all team members participating in an endorsed A.C.T. SECONDARY SCHOOLS SPORTS ASSOCIATION competition. It is this organisation's expectation that ALL students are made aware of the following, and sign a declaration acknowledging their support of it.

CODE OF CONDUCT FOR TEAM MEMBERS

1. Be a good sport on and off the field.
2. Play for enjoyment and team pride.
3. Work hard for your team as well as for yourself.
4. Treat others as you want to be treated, behaving in a responsible and polite way to other team members and officials.
5. Play by the rules.
6. Co-operate with your coach, officials, team mates and opponents.
7. Control your behaviour on and off the field.
8. Learn to value honest effort, skilled performance and improvement.
9. Respect and abide by officials' decisions.

Conduct that is unacceptable includes:

- * Having or consuming alcohol, or smoking
- * Having or using drugs
- * Vandalism or other criminal offences
- * Swearing or abusing others
- * Failing to inform officials of your whereabouts
- * Harassment and discrimination
- Physical violence

Penalties for breach of the code of conduct set by the Executive of the ACTSSSA include:

1. Being withdrawn from the team AND/OR
2. Being barred from selection for a period of time AND/OR
3. Formally informing the Principal of the school involved
4. Facing formal charges by police.

Disciplinary process

If a breach of the code of conduct occurs, the following process will be followed:

1. An official will inform you that a breach has occurred.
2. You will be given the opportunity to respond to the alleged breach.
3. In the case of a minor infringement a warning will normally be issued.
4. If the offence is more serious, or for repeat infringements, the convenor will consult with team officials and indicate the penalty to apply.
5. Convenors have the right to restrict your involvement in team activities for breaches of the code of conduct.
6. Where a major breach occurs, the team official may send you home, or for a criminal offence, refer the matter to the police. In these cases a full written explanation of the reasons for this action will be provided to the school within 24 hours of the action being taken.
7. The School's Student Management Policy will take effect at school level. The school will then inform the ACTSSSA Executive of what action has taken place.



8. Where a major breach of the code of conduct has occurred, the matter will be referred to the School Sport ACT Executive for review. The Executive shall have the right to impose further action.
9. The Executive shall have the right to impose any of the penalties above.

Appeals Process

Appeal against penalty imposed by official.

1. Where an official has imposed a penalty, you have the right to appeal to the ACTSSSA Executive.
2. Where an appeal is lodged, the Executive shall arrange a time to meet with you to discuss the matter.
3. At that meeting, you will be given an opportunity to indicate why you disagree with the penalty.
4. At the conclusion of the meeting you will be informed of when a decision will be made.
5. The decision shall be communicated to you in writing, explaining the outcome of the appeal.
6. All documentation relating to the appeal will remain strictly confidential, and will only be made available to the Appeals Board in the event of a further appeal.

Appeal against penalty imposed by ACTSSSA.

1. Where a penalty has been imposed or confirmed by the ACTSSSA Executive you have the right to appeal to the School Sport ACT Appeal Board.
2. Where an appeal is lodged, the Board shall arrange a time to meet with you to discuss the matter.
3. At that meeting, you will be given an opportunity to indicate why you disagree with the penalty.
4. At the conclusion of the meeting you will be informed of when a decision will be made.
5. That decision shall be communicated to you in writing, explaining the outcome of the appeal.
6. All documentation relating to the appeal will remain strictly confidential.
7. You have the right to have a parent or guardian present at the meeting.
8. You will be given an opportunity to call witnesses.
9. The decision of the Appeal Board is final.

Full details of the procedures involved in an appeal to the Board will be provided to you on request.

ACTSSSA CODE OF CONDUCT FOR TEAM MEMBERS

I _____ (Print Student's Name) have read and understand the Code of Conduct

Signed _____ (student)

I _____ (Print parent's name) have read and understand the Code of Conduct

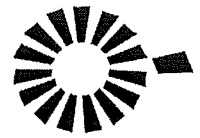
Signed _____ (parent).

Please be aware of the following:

Staff accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their behaviour and activities. 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 impulse, wilful or disobedient behaviour.



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GENERAL MEDICAL INFORMATION AND CONSENT FORM

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on an excursion to a swimming carnival.

A copy of each student's form must be taken on the excursion.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998 (Cwth)*. Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __/__/____ Sex: M F

School: _____ School Year: _____ Camp/Excursion: _____

Parent/Carer: _____

Address: _____

Contact Telephone Nos - Business Hours: _____

After Hours: _____ Mobile: _____

Other Contact for Emergency: _____ Telephone No: _____

Name of Student's Doctor: _____ Telephone No: _____

Medicare No: _____ Private Health Fund: _____ Membership Number _____

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> Other _____ | | | |

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is specific



instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provide by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

Date of last tetanus injection: __ / __ / ____

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last four weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion _____

Is the student presently taking any medication? Yes No

If Yes, please state name of medication, dosage, etc: _____

NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

Is there any other information which you believe may help us to provide the best possible care?

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authoris the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical c surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for th medical treatment, ambulance transport and drugs.

Signed (Parent/Carer): Date: __ / __ / ____

Signed (Parent/Carer): Date: __ / __ / ____

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student whilst on the excursion. Schools w always call an ambulance if your child's medical condition requires emergency medical assistance