



St Patrick's Parish School, Cooma
Notification of an Excursion
ACT & SOUTHERN NSW REGION SNOWSPORTS CHAMPIONSHIPS

15 June 2017

Dear Parents/Guardians,


Your son/daughter has expressed an interest in competing in this year's Southern Region Interschools Snowsports Championships being held at Perisher. Below is information about dates, divisions, costs and a form to complete student information. **For all further information** please check the Interschools Snowsports Handbook at <http://nswinterschools.com.au/interschools-handbook>

Information about race times and bib collection will be sent home with students as soon as it has been released.

DATES	
Wednesday 26 July	Snowboard GS, Boarder-cross (all ages), Moguls (Div 1, 2, 3)
Thursday 27 July	Moguls (Div 4, 5), Alpine (Div 4, 5, 6), Skier-cross (Div 1, 2, 3)
Friday 28 July	Skier-cross (Div 4, 5, 6), Alpine (Div 1, 2, 3)
Thursday 24 August	Cross country relay and freestyle (all ages)
DIVISIONS	
1	Year 11 and 12
2	Year 9 and 10
3	Year 7 and 8
4	Year 5 and 6
5	Year 4 and below
6	Kindergarten to Year 2 (for Skier-cross and Alpine only)
COST	
Registration Fee	\$30 (one off payment that includes insurance)
Entry Fee	\$45 (for each event entered)
Lift Pass	\$70/\$89 (lift pass/lift pass with Skitube) RESPONSIBILITY OF PARENT
Team manager lift pass	\$70/\$89 (lift pass/lift pass with Skitube) RESPONSIBILITY OF PARENT
Volunteer lift pass	Free of charge on day of volunteering
	For every 8 students entered the school must provide 1 volunteer. If not the school is billed \$110 which is passed onto competing students
	Please note that lift prices are only available to competitors and team managers whose names will be on the official list for the relevant days of competition and that individuals will be responsible for collection and payment themselves.
	All money must be paid in full before the due date. Any student who has not paid in full will not have their entry placed and will be pulled out of the school's team.
STUDENT AND PARENT INFORMATION, PAYMENT AND ONLINE PARTICIPATION AND VOLUNTEER WAIVERS	
Due	Friday 30 June 2017
	Participant waiver http://nswinterschools.com.au/participant-waiver
	Volunteer waiver http://nswinterschools.com.au/volunteer-waiver

If you agree to your child attending this excursion, please complete the attached entry information and return it and all monies to the School by Friday 30 June. You are welcome to contact the School on 6452 1721, if you have any further queries.

Yours sincerely


Frances Robertson
Principal


Tim Lawley
Teacher in Charge

ACT & SOUTHERN NSW REGION SNOWSPORTS CHAMPIONSHIPS

I hereby give permission for my child _____ to compete in the ACT & Southern NSW Region Snowsports Championships at Perisher Blue.

Please tick the division your child would like to compete in.

Division 2 (Year 9/10) Division 3 (Year 7/8)
Division 4 (Year 5/6) Division 5 (Year 4 and below)
Division 6 (Kindergarten to Year 2) ALPINE and SKIERX ONLY

Please tick event/s to be entered and **suggested** teammates. There will be no combining of male and female students to form teams.

Snowboard GS _____
Boardercross _____
Moguls _____
Skiercross _____
Alpine _____
Cross Country _____

Please indicate your availability to be a team manager or course official on the days of your child's competition.

I, _____, am able to be a team manager/course official for my child's Snowboard GS/Boardercross/Moguls/Skiercross/Alpine/ Cross Country team.

Mobile number for course official/team manager _____.

ACT & Southern NSW Region Interschool Snowsports Championships Payment Slip

I _____ permit _____
(Name of Parent) (Name of Student) (Homeroom)

to take part in the Interschool Championships. I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students.

In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the cost of an ambulance.

PAYMENT DETAILS: I enclose \$_____ Cash/Cheque payable to St Patrick's Parish School, Cooma, OR please deduct \$_____ from my Visa/Mastercard No. _____ Expiry: __/__/__

Cardholder Signature: _____ Date: _____

Please return this note, along with full payment, to the school office no later than Friday 30 June.