

SPARKS Gym

Dear Parent/Carer,

The following relates to a planned activity for your child. Every Tuesday during period 1 SPARKS students will walk to Club Lime Kippax. We will go past Woolworths on the way to or from the venue students have the opportunity to buy something if they want. Artie Brown (youth worker) will be going over basic exercises and movements with them in the gym. The aim is to build confidence, healthy habits and learn new things. We hope this will get students comfortable enough to attend the gym in their own time.

Date:	Tuesday 13 May to Tuesday 16 December (Tuesdays)
Time:	9.10am to 10.20am
Where:	Club Lime Kippax
Financial contribution:*	Free
Year Group/s:	Year 7 to Year 10
Travel information:	Walking
Dress code & what to bring:	School uniform, a spare shirt and appropriate footwear
Staff attending (Ratio):	1:15, Graeme Lambert, Marcelle De-Almeida and Artie Brown

Excursion Risk Assessment is available at the Front Office. This Risk Assessment contains contingency plans should there be any environmental factors that impact our ability to proceed with the excursion as planned. Should changes be made parents/carers will be notified via email prior to the event.

Please keep this cover page and return the attached permission note and medical note to the front office or via the following email: KingsfordSmith.Excursions@ed.act.edu.au by Tuesday 6 May. No late notes will be accepted after this due date. If minimum numbers are not met, this event will be cancelled and refunds will be processed.

Kind regards,

Kristen Kauhanen and Artie Brown

SPARKS Gym

Student name: _____ Class: _____

I agree and understand:

- I agree to my child participating in the activities associated with this excursion mentioned previously.
- I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs.
- I have provided to the school all medical information relevant to my child attending this excursion.
- I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I acknowledge that 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 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 impulsive, wilful or disobedient behaviour.
- I understand the contingency plan is in place should weather conditions and environmental factors impact the running of this event.
- I acknowledge that I will be notified via email of cancellation or event location changes prior to the event.
- I acknowledge that the new mobile device policy applies to all excursions.

I, being the parent/carer of _____ have read and understood the information provided above. I understand that children will be traveling to and from the venue by walking. I give permission for my child to take part in the SPARKS Gym on Tuesday 6 May to Tuesday 16 December (Tuesdays) 2025.

Medical Information

Does the school currently have a copy of your child's 2025 medical form?

Yes (If medical details have changed please complete a new medical form attached)

No (If selected no, please complete the attached medical form)

Emergency contact name: _____ **Mobile:** _____

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

Parent/Carer: _____ Signed: _____ Date: _____