

## Step into the Limelight Feature Act Performance

Dear Parents/Carers,

Thank you for returning your expression of interest for your child, \_\_\_\_\_ to participate in this year's Step into the Limelight Gala Showcase. Please see the below information on the dates and times of the performance. Further information will come home in the coming weeks in regards to how to book tickets, drop off and pick up points for the night performance etc.

| Event                      | Where     | Date                         | Transport                 | Time   |
|----------------------------|-----------|------------------------------|---------------------------|--|
| Technical rehearsal        | AIS Arena | Wednesday<br>23 August, 2017 | Bus                       | 12-2.00pm  |
| Dress rehearsal            | AIS Arena | Thursday<br>24 August 2017   | Bus                       | 9-2:30pm   |
| Limelight Gala Performance | AIS Arena | Thursday<br>24 August 2017   | <b>Parents to arrange</b> | <b>Arrive</b> - meet Ngunnawal teachers<br>6pm<br><b>Pick up</b> -after the performance<br>9:45-10pm |

**NOTE /MONEY NEEDS TO BE RETURNED BY: Tuesday 15 August.**

**If you need to organise a payment plan please contact Kirralee Larkin at the front office or on 6142 1500.**

As this is an optional activity to enrich curriculum outcomes, a payment will be required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide this activity. Individual records of contributions are confidential. **(eg.camp)**

The co-coordinating teacher is **Belinda Robertson**. The staff will be carrying a mobile phone to be used if needed for contact with the group, or for calling assistance in an emergency. The staff will also carry a First Aid Kit.

Unacceptable behaviour will be treated as it is normally treated at school. 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, willful or disobedient behaviour. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.

### What will students be wearing for the performance?

| Group    | School to provide                              | Student to provide                      |
|----------|--|---|
| Choir    | Black T-shirt with motif                       | <b>Black long pants and black shoes</b> |
| Dance    | Black singlet<br>Head band<br>Skirts for girls | <b>¾ black leggings</b>                 |
| Ensemble | Black T-shirt                                  | <b>Black long pants and black shoes</b> |

*What you give comes back to you*

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- I have discussed with my child the need for sensible 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 costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. Free ambulance transportation only applies in the ACT
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.

I hereby give permission for my child \_\_\_\_\_ of Class \_\_\_\_\_ to attend the technical rehearsal and the dress rehearsal involved in the Step into the Limelight Feature Act 2017 as outlined in the information provided above. **I understand that I am responsible for dropping my child to the AIS Arena for the night performance Thursday 24 August and providing them with the items of clothing marked in red on the attached note.**

The cost per student for this event is **\$45**

I enclose \$.....  Cash  Cheque  Quickweb (Visa/Mastercard)  Direct Payment

**Quick Web Payments** – [www.ngunnawalps.act.edu.au/payment](http://www.ngunnawalps.act.edu.au/payment)

Fee Code: LIME17

**Direct Payment details:**

**Account** - Ngunnawal Primary School **BSB** 032777 **A/c Number** 001738

Reference on direct deposit required i.e. **child's name** M. Bloggs **Class** 1CD

Please tick if your child suffers any of the following:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies (specify) | <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"/> Sunscreen sensitivity  |
| <input type="checkbox"/> Other _____   |  |  |   |

\* *Emergency treatment plan is required from your doctor.*

Have you previously completed the full version of the **Excursion Medical Information and Consent Form** for your child during this calendar year? \_\_\_\_\_

*If your child's medical information has changed please update this with the front office prior to the excursion.*

**In case of an emergency during the excursion:**

Contact name: \_\_\_\_\_

Daytime contact phone number: \_\_\_\_\_

Full name of parent/ carer (please print): \_\_\_\_\_

Signature of parent/ carer: \_\_\_\_\_ DATE: \_\_\_\_\_