

TE AROHA COLLEGE

Stanley Avenue, Te Aroha, New Zealand 3320 P.O Box 218, Te Aroha, New Zealand 3342 Telephone 07 884 8625 Facsimile 07 884 8626 Email: admin@tearohacollege.school.nz Direct credit details: 020436 0018594 00

TE AROHA COLLEGE – Trip to Field Days 2018

Date of Trip:	13 June 2018		
Leave Time:	8.45 am	Return Time:	3pm
Cost per Student :	\$32	Date payment required:	Slips and payment back BY 1 June 2018
Trip Leader:	Sarah VT / D Gemi	nell Phone Number:	07 884 8625
Gear and Equipmen	t students need:	 Tidy mufti and rain jacket 	
		 Lunch, drink & spending money 	
		nts follow instructions given by their supervisors and in mply with the following:	nstructors and that they follow the rules imposed.
To treat staffTo behave inTo adhere toTo present a	instructions of the te		ect
Transportation • To wear seal	belts at all times		
	priately as a school r	oprocontativo	
In an Emergency	priatery as a scribbin	epresentative	
		ately of any medical problem, missing persons, dama	nged equipment or potential hazard and follow all
2	,	lease tear here so trip name is on the section belo	ou.
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Medical: Is there any r For example: recent flu, spra	nedical condition for	tire section to the Student Centre – Year a your student that would affect participation and is not ns etc. Please detail. (If unsure, please give details anyway)	
		Students are expected to comply with all rules and any mis ge caused to private motor vehicles while transporting students.	
activities mentioned ab any related expense to	ove, and for any nec an unforeseen incid	e information about the proposed activity. I give my pessary emergency treatment to be given in the event ent. I understand the school does not accept liability to to misbehavior I will be required to meet the costs of	of any unforeseen incident. I accept to cover or accidental damage to my child's gear. I
child may be unat have a suitable Financ will have all charges pa	Die to attend. If y it all Contract Agreement of in full within the phas been signed I it	FULL before the trip takes place. I under ou have a problem paying the full amount please connt drawn up. If you have a current Automatic payme exchool year – check with Student Centre to ensure thay still be liable for full amount. I understand any o	ntact Rebecca Johnson in the Student Centre to nt in place please ensure it is of an amount that coverage. I understand if my child does not go
Parent / Caregiver Nan	ne & Signature:		
Emergency Contact Nu	ımber:		Date:/
Student Declaration agree to comply with a accept that if I misber	all the rules of the pro	gramme. I will follow all instructions and act with con me.	nmon sense, safety and consideration for others.
Student Name & Signa	ture:		Date:/
Student Cell phone:			