

Youth Group

SUMMER DAY OUT: FRIDAY JANUARY 13

Dear Parents/Guardians,

Our next Juniors youth group meeting on Friday January 13 will be our Summer Day Out.

This is a trip to the City where will have a **picnic at Fitzroy Gardens**, a **visit to St. Patrick's Cathedral and walk around the city** including visiting a few locations relating to St. Mary McKillop's life. **We will depart Gowrie Station at 10.08am** and land at Parliament Station at 10.38am. We will return to Gowrie Station at 3.56pm.

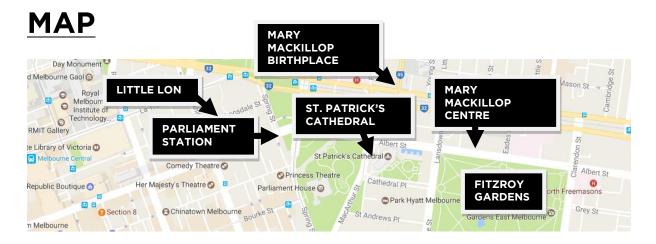
This day will be a great opportunity to just relax, eat and play together, explore the city and visit some of the key landmarks relating to our faith.

Please bring a topped-up myki. Please bring **lunch** for your child **or some food to share** and some money if they wish to buy snacks or something to drink during our city walk. There is some walking so bring a bottle of **water**, **a hat and sunscreen** too! For the picnic at Fitzroy Gardens, you are more than welcome to bring a soccer ball or a cricket set or other **sporting and games equipment**. We will bring along some food and sporting equipment as well.

Please arrive at Gowrie Station by <u>10am</u>. Parents are most welcome to attend.

Please return this form promptly. If you have any questions, please don't hesitate to call Adrian (0403 211 890) or Anna (0402 741 258). Adrian, Angelo and Anna will be the supervising adults and Adrian and Anna can be contacted with those same numbers during the day.

God bless, Adrian, Angelo and Anna



PAREN	ITAL CONSENT (for activities	outside Parish premises)
I,attending and participati	consent to my child ng in Summer Day Out in East Melbourne and	d Melbourne, January 13 th 2017.
consent for my child to re I agree that any such trea	unable to communicate with me, or my nomineceive any such medical or surgical treatment tment will be at my expense. I have informed wild relevant to this activity and will make any	as may be deemed necessary and you of any allergies or other
	graph or video image of my child being used w sation, in publications and presentations of S	e ·
Parent/guardian signatur	·e	
Print name	Relationship to participant	Contact number
	PARTICIPANT CODE OF CONDU	UCT
I will:		
 Pay attention to and make sure leaders kn Participate in a posi 	ect and kindness and listen to what other difference of the follow instructions given to me by the fows my whereabouts at all times. It is about anything that may make me feet the football of the football o	ne leaders at all times and will
Signature:	Date:	

PERSONAL DETAILS AND MEDICAL INFORMATION FORM

(You will only need to fill in this form once a year – please update us of any changes for future activities throughout the year)

Participant details	
Participant name:	
Date of Birth:	
Parent/Guardian details	
Parent/Guardian name:	
Relationship to participant:	
Address:	
Contact phone no.:	
Emergency contact details	
Emergency contact 1:	Relationship:
Contact phone no.:	
Emergency contact 2:	Relationship:
Contact phone no.:	
Medical details	
Medicare no.:	
If applicable, please provide us with the following	details:
Private health insurer:	
Private health membership number:	
Ambulance membership number:	_
Please advise us of any medical conditions included dietary requirements or any other information we ensure your child's safety:	