Monday 21 October, 2024

**Paintball in Ballina (PASS & Senior Students)**

**Friday 22nd November, 2024 (9.00am to 2.45pm)**

Dear Parents/Guardians,

On **Friday 22nd November, 2024** the PASS Class will be will be travelling to Ballina to experience Paintball. The aim of this activity is for students to participate in a number of high energy games that cannot normally be experienced in regular school hours. Mr McPherson, Mr Bopland and Mrs Bryant will be participating and supervising the students for this excursion.

Even though this is a PASS & Senior Students elective excursion, students from Year 9 and Year 10 havwe been invited to attend because we have space for up to 35 students. This means that the first 35 students **to return their note and payment** will be able to attend this excursion.

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| **Important Information** | |
| **Date:** Friday 22nd November, 2024  **Leaving time:** 9.00am  **Meeting place:** Casino Christian School  **Where are we going:** Ballina Paintball  **Cost:** $95  **Return time:** 2.45pm | **What to bring:** Spare clothes, towel, sunscreen, hat, water bottle, medication (e.g. asthma puffer), snacks, lunch and box (groin protector). Bring extra money if you want to purchase extra paintballs (see voucher) and snacks.  **Remember:** No Mobile Phones |
| **The price includes all skirmish gear and 300 rounds. You can pay extra money to upgade your package or buy more rounds (the attached voucher).** | |

To participate in this excursion you must complete the permission note and return it ***TO THE OFFICE with your money ($95) by* Friday 15th November, 2024*.*** The Presbyterian Church requires the attached ‘risk warning’ form to be signed for any activity out of the ordinary. It is a standard form that would be used for anything from sky diving to horse riding and has not been written particularly for paintball.

***NOTE: If we have time we may stop at a Lismore fast food restaurant on the way back to school.***

D. McPherson

(Physical Activity & Sports Studies)

Monday 21 October, 2024

**Paintball in Ballina (PASS & Senior Students)**

**Friday 22nd November, 2024 (9.00am to 2.45pm)**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Paintball excursion from **9.00am to 2.45pm** on **Friday 22nd November, 2024.** I understand that this requires my child to travel back to Casino Christian School and make their own way home.

Should any medical or hospital treatment be required for my child, I authorise the teacher in charge to take the appropriate action and any associated costs will be met by me. Special needs (e.g. medication. Allergies and/or dietary requirements) for the teachers to be aware of: -

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Please complete the following documents and return them to the school office asap:

* Permission slip above
* Casino Christian School Risk Warning Form, Medical Form & Medical Authority
* Paintball Skirmish Parent Consent Form
* Payment information below

**PLEASE TURN THIS SHEET OVER TO SEE THE METHOD OF PAYMENT OPTIONS.**

**METHOD OF PAYMENT OPTIONS: PAINTBALL (PASS & SENIOR EXCURSION)**

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COST:** $95 per student (please pay by Friday 15th November, 2024).

**METHOD OF PAYMENT**: Cash Cheque Eftpos Netbank Credit Card

**DATE OF PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [THE DATE THE EXCURSION WILL BE PAID]**

**Online Payment (Netbank)**:

**Bank:** National Australia Bank **BSB No:** 082 506

**Account Name:** Casino Christian School **Account number:** 828017136

Please ensure that the reference has your **FAMILY CODE** & the **NAME** of the excursion.

**Credit Card Payment:**

Please Debit my (please circle): Visa Card MasterCard

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Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_ \_\_\_ \_\_\_ For the amount of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. McPherson

(Physical Activity & Sports Studies)