



29 April 2019

|                      |                                        |             |                     |
|----------------------|----------------------------------------|-------------|---------------------|
| Event                | Year 9/10 Da Vinci Decathlon           |             |                     |
| Location             | Riverina Anglican College, Wagga Wagga |             |                     |
| Date                 | Thursday 9 May                         | Time        | 5:45am – 7:00pm     |
| Transport            | Merici school bus                      | Uniform     | Full school uniform |
| Cost                 | \$74.00                                | Contact no. | 0409 482 483        |
| Return of note/money | Monday 6 May                           |             |                     |

Dear Parent/Guardians,

This year Merici College will again be competing in the Da Vinci Decathlon, sending teams from Years 7, 8, 9 and 10. As you will know by now, your daughter has been selected in one of these teams because of a combination of strong academic results, previous experience and/or teacher recommendations.

The Da Vinci Decathlon was invented by Knox Grammar and runs Australia-wide. It is a one-day competition for teams of eight students, comprising ten challenges: English, Science, Mathematics, Engineering, General Knowledge, Cartography, Art and Poetry, Codebreaking, Ideation and Creative Producers (drama). Teamwork and cooperation play a large part in the success of the teams.

Our Year 9/10 teams will be competing in the regional competition hosted by Riverina Anglican College in Wagga Wagga. The competition will be held on Thursday 9 May and commences at 9:15am. The Merici teams will travel from Canberra using the school bus, departing Merici at 5:40am and returning by 7pm that evening. I will be accompanying the students, with Mr Barlow as driver, and we will be contactable during the trip on 0409 482 483.

The host school will not be providing food for the students, so your daughter should bring her own recess, lunch, snacks and drinks. We will make short stops at McDonald's in Gundagai in both travel directions, so she may also bring money for snacks if desired.

Please complete the attached permission note and payment slip and ask your daughter to deposit both in the finance office slot by Monday 6 May.

Please remind your daughter that appropriate behaviour is expected at all times as she is a representative of the College. For further information, please do not hesitate to contact me on 6243 4100 or [kathryn.white@merici.act.edu.au](mailto:kathryn.white@merici.act.edu.au) before the excursion.

Yours sincerely,

Dr Kathryn White

**MERICI COLLEGE**

Wise St  
Braddon  
ACT 2612

GPO Box 154  
Canberra  
ACT 2601

Telephone (02) 6243 4100  
Facsimile (02) 6243 4199

[principal@merici.act.edu.au](mailto:principal@merici.act.edu.au)  
[www.merici.act.edu.au](http://www.merici.act.edu.au)

# Archdiocese of Canberra and Goulburn Consent Form

Category C & D Excursions

|                    |                                        |
|--------------------|----------------------------------------|
| Excursion To       | Da Vinci Decathlon (Year 9/10)         |
| Date(s)            | Thu 9 May                              |
| Location           | Riverina Anglican College, Wagga Wagga |
| Organising Teacher | Dr Kathryn White                       |

| Student Details |  |    |
|-----------------|--|----|
| Surname         |  |    |
| Given Name      |  |    |
| Date of Birth   |  |    |
| Year            |  | PC |
| Home Phone      |  |    |
| Student Mobile  |  |    |

| School             | Merici College, Braddon, ACT |
|--------------------|------------------------------|
| Emergency Contact  |                              |
| Name               |                              |
| Phone              |                              |
| Relationship       |                              |
| Medicare No        |                              |
| Private Health Ins |                              |

| Student Medical Details                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| Date of last Tetanus injection                                                                                               |  |
| Please detail any medical conditions (eg. Allergies, asthma) and treatment plans for your child, relevant to this excursion. |  |
| Student Dietary Requirements<br>Please outline your daughter's special dietary requirements.                                 |  |

| Parental Consent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I give my consent for her to participate in this excursion and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above-mentioned activity.</p> <p>I submit the attached medical information about the abovementioned student and include details of limitations, which he/she has for the activities concerned.</p> <p>If I cannot be contacted to give approval for medical assistance, I authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur. If I am unable to be contacted to give approval, I further authorise qualified medical practitioners to administer anaesthetic if such an eventuality arises. I agree to pay all medical expenses incurred on behalf of the abovementioned student.</p> <p>I accept that my child is to behave in an appropriate manner and have explained this obligation to her. I agree that if my child seriously contravenes behavioural expectations she may be immediately excluded.</p> <p>I give permission for images taken on this excursion of my child to be used by the school in school and system publications, both print and electronic. Please note that Merici can accept the returning of permission notes from a registered parent/guardian email address. There is no need to print and scan</p> |

|                           |  |
|---------------------------|--|
| Parent/Guardian Signature |  |
| Date                      |  |

Merici College Credit Card Authority

|                       |                                        |
|-----------------------|----------------------------------------|
| Student               |                                        |
| Year & PC             |                                        |
| Payment For           | Year 9/10 Da Vinci Decathlon excursion |
| Card No               | Visa / Mastercard                      |
| Expiry Date           |                                        |
| Card Holder Name      |                                        |
| Amount                | \$74.00                                |
| Signature             |                                        |
| Cardholder Contact No |                                        |