

Margaret River Senior High School



2011 Ski Trip Friday July 15th - Saturday July 23rd, 2011

<http://www.holidaymargaretriver.com.au/ski/>

(Web site is useful to find Itinerary and Parent Information)

Following several very successful ski trips, we are again running a ski trip in 2011. During this 9 day trip we will be staying on the Mountain at Falls Creek, for 5 days, where we can ski out the back door to the nearest chair lift, and Melbourne for 3 nights.

I have not confirmed which staff will be attending at this stage but be assured they will be committed and organized. Bruce Darby is organizing the ski trip and he can be contacted on 0450 432 424 or email Bruce.Darby@det.wa.edu. Alternatively, check our web site to download information. www.holidaymargaretriver.com.au/ski/

We intend to take a group of up to 50, comprising of about 42 students and 8 supervisors. At this stage I think we have sufficient supervisors but if the need arises I will contact parents.

We will fly to Melbourne and spend the next day in Melbourne for a bit of football at the MCG (or Ethiad Stadium) and some shopping at the Victoria Markets. On the Sunday we will then travel to Falls Creek by bus. This is a great mountain system offering a lot of variety and challenge. There are ski lessons every day by qualified instructors and everyone will be skiing down death defying slopes before the end of the week. We will return to Melbourne on the Friday night ready to fly back to Perth on the Saturday, giving us 1 day's rest before school starts again.

The cost of the trip is expected to be between **\$2400-\$2500**. A more accurate figure will be given as soon as possible, but it is difficult to ascertain exact costs since **2011** prices have not been established by most organizations.

The cost of the trip will include:

- Perth – Melbourne return airfares with Qantas.
- Transfer to accommodation in Melbourne.
- 3 nights accommodation in Melbourne with breakfast.
- Return coach transfers Melbourne to Falls Creek.
- Falls Creek Resort entry.
- Oversnow transport to accommodation.
- 5 nights accommodation at Cedarwood Apartments, Falls Creek.
- Breakfast and dinner daily at Falls Creek.
- Ski/boot/pole or snowboard/boot hire for all participants
- Jacket, pants and for all participants
- One 1.5 hour ski or snowboard lesson daily (x5) for all participants
- Travel insurance for all participants (refer to website for more information)

Extra cost (about \$40) for Snowboarders - compulsory

- Helmet Hire and Wrist Guards for Snow Boarders.

Students will have the choice of skiing or snow boarding. **Snowboarding is most suitable to students who surf or skateboard.** Snow boarding has a higher rate of injuries. No refunds are available if participants are injured during the trip.

Payment will be made in installments as follows:

- \$1300 due when lodging the application form confirming you wish to participate. (Priority will be given in the order in which they are received). **[\$100 of this deposit will be non-refundable]**
- For those who have already paid a \$300 deposit, \$1000 due by **February 25th, 2011** [\$100 of the total paid will be **non-refundable** after this date]
- \$800 due by **April 29th 2011**. [Refunds from this payment onwards will be dependent on committed costs]
- Final payment of approx \$400, due by **May 27th 2011** (when airfare and accommodation prices are confirmed this may be less but not more. (If you wish to discuss alternative installment options, contact Mr. Darby)

Please complete and return the attached information form as soon as possible. Print all information so that it can be easily read, **especially your email address**.

Payments are to be made at the MRSHS front office, make sure you get a receipt and that the student's name is clearly on the receipt. **You then attach the receipt to the information forms and give it to the front office staff, who will put them in a file.**

Students will need to have good standing in the school in relation to both their behaviour and academic performance. Student's whose behaviour or attitude within the school environment is deemed inappropriate may be excluded from this trip.

Insurance Form Information

Please fill in the attached insurance form. You do not need to pay any money associated with it, as the premium is included in the overall cost of the trip. Insurance will be put in place as soon as is practical after deposits are paid, so that those deposits, and all further payments, are protected.

Note: Insurance does not cover cancellation due to any pre-existing medical condition, except where allowed for on pages 10 & 11 of the Financial Services Guide/Product Disclosure Statement/Policy Wording (see website). Cover for other pre-existing conditions will require an individual policy to be issued. There is likely to be an extra charge of approximately \$85 for this.

Your duty of Disclosure (page 11)

Before you enter into this policy with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

You will be asked various questions when you first apply for your policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

If you vary, extend, reinstate or replace the policy your duty is to tell us before that time, every matter known to you which:

- you know; or
- a reasonable person in the circumstances could be expected to know,

is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

You do not need to tell us about any matter that:

- diminishes our risk;
- is of common knowledge;
- we know or should know as an insurer; or
- we tell you we do not need to know.

Who does the duty apply to?

Everyone who is insured under the policy must comply with the relevant duty.

What happens if you or they breach the duty?

If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim.

If fraud is involved, we may treat the policy as if it never existed and pay nothing.

Insurance is being arranged by Jetset Margaret River, 1/18 Fearn Avenue, Margaret River, WA, Tel. 97579177, as a Distributor for SureSave Pty Ltd, an Authorised Representative (No. 339902) of Cerberus Special Risks Pty Ltd, and is underwritten by certain Underwriters at Lloyd's.

Margaret River Senior High School 2011 Ski Trip
STUDENT AND PARENT/GUARDIAN CONSENT FORM
(To be returned to the front office at the school)

Student Consent

I _____, would like to attend the 2011 Ski Trip.

2011 Year Group _____

2011 Form Class _____

I acknowledge that this is a school-based excursion and accept that I will obey all the normal behavioural expectations that exist on any school excursion.

Student's Signature.

Parent/Guardian Consent

I have read and understood the information regarding the **2011 Ski Trip to Falls Creek Ski fields and to Melbourne from 15th July, 2011 to 23rd July, 2011** and understand the nature of the activities proposed.

I give my consent for my son/daughter _____ to participate in this excursion.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware that Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed: _____ Date: _____

Parent's/Guardian's Full Name: _____

The MRSHS Ski Website may contain images of your child, if you object to this, please make this known to Mr Darby.

Parent's email address: _____

Contact Phone number: _____

I enclose a deposit of **\$1300**. [\$100 of this deposit will be non-refundable.]

Receipt Number: _____

CONFIDENTIAL

Medical Report for Educational Excursions

This confidential report is intended to assist the school and supervising teachers in case of any emergency with your child. We will also use some information for insurance purposes and for hiring ski gear.

Student's Name: _____

Name of Family Doctor: _____ Telephone: _____

Medicare Number: _____

Medical/Hospital Insurance: _____ Contribution No: _____

Please indicate if your child suffers from any illness, allergies, or behavior problems, which teachers should know about.

What special care is recommended? _____

TETANUS IMMUNIZATION

Last immunization was on _____. If over 10 years since last immunization, please tick if booster is to be arranged by parent/guardian before excursion. (Booster date _____)

TABLETS AND MEDICINES

Is your child presently taking tablets and/or medicine? **YES / NO**

If **YES**, please state name of medicine and dosage _____

Please make arrangements for safekeeping and handling of medicines prior to the excursion.

* Emergency Contact for Date and Time of Excursion:

Name: _____ Phone: _____

Ski Information

Student's Mobile Phone Number: _____

Ski Preference Skiing Snow Boarding

Height: _____ Weight: _____

Shoe Size: _____

Ski ability (*please circle*) Beginner Intermediate Advanced

Special Dietary Requirements (E.g. vegetarian, gluten intolerance)

SURESAVE SCHOOL GROUPS TRAVEL INSURANCE APPLICATION FORM

If you have insufficient space to complete your answers, please attach a separate sheet.

Name (Mstr/Miss/Mr/Ms/Mrs) _____ D.O.B. ____/____/____

Name of School/Group **Margaret River Senior High School Ski Trip 2011**

Address _____

_____ State _____ Postcode _____

Telephone Home __ () _____

TRAVEL DETAILS

Destinations: Melbourne and Falls Creek

Departure Date: __15__ / __07__ / __2011__ Return Date: __23__ / __07__ / __2011__

Period of Trip: _____9_____ Days

TRAVEL PLAN SELECTED

STUDENT []

ADULT []

Plan A []

Plan []

Plan C [X]

ADDITIONAL INFORMATION

Do you have a Pre-Existing Medical Condition? Yes [] No []

If so, do you wish to be covered for your Pre-existing Medical Condition? Yes [] No []

If you answer "Yes" to both of the above questions you will be contacted about an individual policy. An additional premium may apply.

1. I/we acknowledge that a copy of the combined Financial Services Guide (FSG), Product Disclosure Statement (PDS) and Policy Wording, which contains the Duty of Disclosure, was given to me before I/we applied for this insurance and that I/we have made the decision to purchase this after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.

2. I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.

3. I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Signature (parent or guardian) _____ Date ____/____/____

Name of parent or guardian _____