



Telephone (03) 9404 1548 Facsimile (03) 9436 6769 Email morang.south.ps.edumail.vic.gov.au

Grade 5/6 Interschool Sport

April 2016

Dear Parents/Carers,

Your child has been selected to represent the school at **Grade 5/6 interschool sport** as part of the Bridge Inn District network. Sport is an excellent way for the students to learn the health benefits of exercise, learn and practise new skills, as well as developing the social skills that are associated with team work.

Who: Students who have been selected in either the school netball teams or school footy teams

When: Starts Friday 29th April - continues for 6 weeks – finishing 3rd June

Where: At different schools – a draw for the term is attached with this letter. Please remember to check the location of each fixture carefully.

Cost: \$23

Travel: Bus

Bring: Water bottle, healthy snack. Black shorts, socks, boots and gum shield for footy players (playing top supplied), netball players require black shorts or skirt and a white school polo.

Sign and Return: Both permission slips – **DUE BACK to school by Wednesday 27th April**

Regards,

The 5/6 Teaching Team

5/6 Interschool Sport

OFFICE COPY

I consent to my child _____ in HG ___ participating in Grade 5/6 interschool sport throughout term 2. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

ENCLOSED IS \$23.00 Please tick method of payment cash, Eftpos, BPay Date: _____

My child suffers from asthma: YES/ NO (If yes, your child must supply their own puffer to take on the excursion).

Parent/Carer Signature _____

Date: _____

Emergency Contact (name) _____

Phone number: _____

5/6 Interschool Sport

TEACHER COPY

I consent to my child _____ in HG ___ participating in Grade 5/6 interschool sport throughout term 2. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

My child suffers from asthma: YES/ NO (If yes, your child must supply their own puffer to take on the excursion).

Parent/Carer Signature _____

Date: _____

Emergency Contact (name) _____

Phone number: _____