# PLENTY PARKLANDS PRIMARY SCHOOL

| SUMMER INTE   | R/INTRA SCHO   | OL SPORTS NOTICE   | Date: 16-12-19  |  |
|---|--|--|---|--|
| TITLE: Year 5/6 Interschool/Intra-school Spo  | rt Program   | CURRICULUM AREA: He  | ealth and Physical Education  |  |
| SPORT: Interschool sport: Hot Shots Tennis, Volleyball, Netball. (Plea Intra school sport: Non-competitive sport based program (Epping  |  |  |   | f games  |
| VENUE: Home Games/Away games: (See fixture for of Intra-school Sport: Epping Leisure City.  | •  |  | epring online a unadiocalitating o  | gaes.  |
| DATE OF EXCURSION/SPECIAL EVEN  | T:   |  |   |  |
| Friday Feb 14th 2020 to Friday Mar  | ch 27th  |  |   |  |
| MODE OF TRANSPORT/TIMES: Diamond Coaches (Away Games) Departing at: 9am (Sharp) Returning at: 11.30 TRAINING:   | )am  |  |   |  |
| (see attachment)  COST:   |  |  |   |  |
| \$ 60.00  |  |  |   |  |
| If there is any difficulty in paying on time, please WHAT TO BRING: (see attachment) SPECIAL REQUIREMENTS (Other):  | se phone the Princip   | oal or Business Manager to discu   | uss arrangements. CSEF can  | be used for sport.   |
| (see attachment)  |  |  |   |  |
| SPECIAL REQUIREMENTS OF YOUR (<br>(see attachment)  | CHILD (Medical):   |  |   |  |
| PARENTAL ASSISTANCE REQUIRED: (see attachment)  |  |  |   |  |
| NOTICE AND PAYMENT MUST BE RET<br>3.30pm WEDNESDAY FEBRUARY   |  |  |   |  |
| Please note: payment will NOT be accepted a   | fter the due date.   |  |   |  |
| Parent permission I give permission for my child If the emergency contacts are unavailable I auth by a medical practitioner.  Yes No If no consent is given what s  |  |  | eceiving such medical treatme   | e <b>Summer Sports</b> Program.<br>nt as deemed necessary  |
| Signaturo   | Data:  |  |   |  |
| Signature   |  |  |   |  |
| Name  |  | Phone no   | ):  |  |
| Name  |  |  |   |  |
| Amount enclosed:  |  |  |   | Preferred Payment Method   |
|   |  | ·  | ,   | QKr.!  |
| Parent assistance (please complete if you  Adult's name   |  | •  |   |  |
| I am available to help each Friday morning from PPPS, I cannot bring other children on the exc values and abide by the excursion protocols. I while on the excursion. I agree to wait until aft permission from the school or other families to volunteer than places available, the teaching state Credit Card payment * | n 9.00am-11.00am of<br>ursion. I have comp<br>also agree that I with<br>the excursion be<br>post photos of othe<br>aff in the unit will ma | on the above mentioned dates. I bleted the Volunteer Training Prill not take phone calls from, or store posting photos of my child er children. I am also required to take the decision as to which pare | understand that because of mogram and understand my resphone, text, or send photos to on any form of social media. It is have a current WWC check. It is are best suited to assis | ny duty of care for the students sponsibilities to live by the PPF of other Plenty Parklands familial understand that I do not hat I fin the case that more parent with the excursion. |
| Child's name  | Home Group   | Payment for: eg. Camp  | Amounts of \$10   |  |
|   |  |  | 7   | -  |
| Please charge my:   | ☐ Visa   | ☐ Mastercard A   | mount: \$   | _  |
| Card Number   | ·  |  |   |  |
|   |  |  |   |  |
| Signature of Cardholder:  | F  | Phone No   | Date:   |  |

# <u>Interschool Sport – Summer – 2020 - Additional Information</u>

#### **FIXTURE:**

Coming soon

#### TRAINING:

Interschool sport teams only. 8.00am – 8.45am each Friday (Bye weeks – no training). Grand Final Week – only training for participating teams.

Teams who win will move onto Divisional Finals in term 4.

#### WHAT TO BRING:

Hat/Sunscreen/Water bottle/Medication

\*Sunscreen to be reapplied every two hours if the activity is outdoors.

## **SPECIAL REQUIREMENTS:**

Full school sports uniform for interschool sport (supplied) or school uniform for intra-school sport students.

Appropriate footwear.

If students do not live by the school values or payment is not made, they will forfeit the right to play. If a sports uniform is misplaced or lost the replacement cost is \$100.

#### SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:

It is a parent/guardian's responsibility to send any specific medical requirements, such as asthma puffer, etc. Pack your child's medication and hand it (with specific instructions) to your child's teacher. It is a teacher's responsibility to collect the Epipen bag from the first aid room or the hypo kit from the classroom.

## PARENTAL ASSISTANCE REQUIRED:

Parent volunteers must have completed the Volunteer Training Program and have a current WWC check.

Supporters are most welcome to attend games however will need to live by the school values. Sport at PPPS is different to community sport.