EXCURSION/SPECIAL EVENT NOTICE

Date: 1-02-18

TITLE:		Year 5/6 Interschool / Intraschool Sport programs		
CURRICULUM AREA:		Health and Physical Education		
SUMMER TEAMS: VENUE:	sp sk	Interschool sport: Volleyball, Bat Tennis, Cricket and Tee Ball. Intraschool sport: A non-competitive sport based program at Epping Leisure City, developing skills/ understanding of games by working with outside sporting professionals. <u>Home games:</u> Plenty Parklands PS – Volleyball, Bat Tennis and Tee Ball. Cricket – Kelynak Reserve, Blossom Park Drive (opposite school).		
		Cricket – Kelynak Reserve, Blossom Park Dr <u>way games:</u> Mill Park PS, Mill Park Heights PS, St.F Damians. Intraschool Sport: Epping Leisu	rancis, Mernda, Findon and	
DATE OF EXCURSION/SPECIAL EVENT: Mode of travel: Diamond Coaches Departing at: 9am (AWAY GAMES SHARP DEPARTUR Returning at: 11.30am	Tr RE) 16	JMMER – Commencing Friday February 9 th , 2018 aining for Interschool sport teams from 8.00am – 8. 5, 23, March 2, 9, 16 and March 23 ONLY for teams nals. Teams who win will move onto Divisional F	3 45am on Friday February 9, involved in District Grand	
COST: Reminder: If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements. CSEF can be used to pay for spor	et l	\$ 55.00 (please note that the reduced fee is due to the shorter term of 7 weeks. This price will be readjusted for Term 2).		
WHAT TO BRING: (Sunscreen – to be reapplied every two hours if the activity is outdoors and h		Water drink bottle, asthma puffer	(if required)	
SPECIAL REQUIREMENTS:	Fu sp by wi m	Ill school sports uniform (interschool sport and scho oort students) as well as appropriate footwear. If stu the values or payment is not made, they will forfeit ill be supplied with an Interschool Sports uniforr isplaced or lost the replacement cost is \$100.	idents are not in uniform, live the right to play. Students m. If a sports uniform is	
SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:	re (w co	Reminder: 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: See Mr Wood for the next training program.	a	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.		
NOTICE AND PAYMENT MUST BE RETURNED BY: Please note: payment will NOT be accepted after the due date. WEDNESDAY FEBRUARY 7th, 2018				
≫Please cut off and return bo Parent permission	ottom se	ction to the school by the due date		
I give permission for my child		of home group	to attend the Summer Sports	
Program. If the emergency contacts are unavailable I authorise the medical practitioner.	teacher ir	n charge to consent to my child receiving such me	dical treatment as deemed necessary by	
Yes No If no consent is given what should the school do?				
Signature Date:				
Emergency contacts on the day of the excursion				
Name		Phone no:		
Name	Phone no: Preferred Payment Method			
Amount enclosed:QKR / Cash / Cheque / Credit Card / CSEF (please circle)				
Parent assistance (please complete if you are able to assist with the Intra School Sports Program- Epping Leisure City				
Adult's name		Daytime contact phone no:		
I am available to help each Friday morning from 9.00am-1 ⁻ PPPS, I cannot bring other children on the excursion. I have values and abide by the excursion protocols. I also agree while on the excursion. I agree to wait until after the excu- permission from the school or other families to post photo volunteer than places available, the teaching staff in the un Credit Card payment %	that I wil that I wil ursion bef s of othe it will mal	leted the Volunteer Training Program and understa I not take phone calls from, or phone, text, or sence fore posting photos of my child on any form of soor r children. I am also required to have a current WV ke the decision as to which parent/s is/are best suite	and my responsibilities to live by the PPP I photos to other Plenty Parklands familie sial media. I understand that I do not hav VC check. If in the case that more parent ed to assist with the excursion.	
Child's name Home		Payment for: eg. Camp	Amount	
Please charge my: Bankcard	Visa	Mastercard Amount: \$	·	
Card Number				
Expiry Date: / Name on C	Card:			
Signature of Cardholder:	D	hone No. Date:		

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