

District Grade 3/4 Hoop-Time Basketball 2017



Friday 16th June 2017

Dear Parents/Guardians,

Your child has been selected in one of our schools ten Hoop-Time Basketball teams to compete in a District tournament.

- When:** Monday 24th of July 2017
- Where:** Cardinia Life, Olympic Way, Pakenham, Melways Ref. 215 K5
- Time:** We need to be at school around 8:30am and no later than 8:45am so we can be on the bus at 9:00am. The first game will **start** at 9:30am. The last games will be finished around 2.45pm and we will be returning to school no later than 3:20pm
- Transport:** By bus - as per our Excursion Policy we will wait no longer than five minutes after the stated departure time. Students who arrive later than this will stay at school.
- Cost:** \$15.00

Special requirements: Your child will need to bring appropriate clothing for basketball to change into, (team tops will be provided for the game); school uniform must be worn to and from the event. **Please note:** For safety reasons students must wear shorts with no pockets, no looped or dangling ear rings and have no long finger nails. The students will need to bring a drink bottle, healthy snacks, lunch and asthma medication if required.

How can you help: We have 10 teams entered and need an adult with each team. Parents who are available to assist with the supervision and coaching of the students are required to help with the smooth running of the day. **Parent helpers please complete the section below.**

Due date for notice: Thursday 29th June at 9:00am

Regards, Anthony Cole
Physical Education Coordinator.

(Please detach and return to school **by Thursday 29th June 9:00am**)
District Grade 3/4 Hoop-Time Basketball 2017

Student's name: Student's Grade.....

I enclose \$15.00 as full payment for the excursion

Method of Payment (please tick): Cash Chq Credit Card/EFT BPAY

If using BPAY method, please make sure you send the permission note back the next day.

I consent to my child taking part in **District Grade 3/4 Hoop-Time Basketball 2017** and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

- Consent my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Contact number for this excursion:

Signature of parent/guardian: Date:.....

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

PARENT HELPER SECTION: I am able to help at the District Grade 3/4 Hoop-Time Basketball on Monday 24th July 2017 and **I have a current Working With Children Card and it is registered with Beaconsfield Primary School.**

Name Contact Phone Number

Working with Children's card Number.....