Dear Parents,

During the year students in Level 3 & 4 participate in many extra curricular sports events. With such a large number of events comes numerous permission slips and indemnity notices. This year one permission slip will cover most of these events.

By signing and returning this indemnity slip you are giving the school permission to transport your child, either by bus or walking out of the school grounds to the following events:

- House Swimming Sports (GESAC 04/02/14)
- District Swimming Sports (Carnegie Swim Centre 17/02/14)
- House Cross Country (Karkarook Park 05/05/14)
- District Cross Country (TBA Term 2 If Selected)
- House Athletic Sports (Duncan Mackinnon Athletics Track 19/03/14)
- District Athletics (Duncan Mackinnon Athletics Track 11/09/14 If Selected)

By signing and returning this form you are also giving the school permission to walk your child to Argyle Reserve for physical education/sports training.

An information letter will be sent home 10 days prior to an event which requires payment. This letter must be returned to your child’s class teacher with payment in a sealed envelope by the due date specified.

Please return the permission slip below to your child’s classroom teacher by Friday 19th December 2014 and keep the information page for your own records. If you have any questions or concerns please do not hesitate to contact me.

Aaron Richards
Sports Coordinator

________________________________________________________

Physical Education/ Sport Indemnity 2014 - Level 3 & 4

I give permission for my child..............................in Grade...........................to participate in House and District Athletics, House and District Swimming and House and District Cross Country. I understand that this participation will include transportation by bus and supervised walking from school to sports grounds. I also give permission for my child to walk under supervision to Argyle Reserve for Physical Education/Sports Training.

In the event of any mishap, where it is impracticable to communicate with me, I authorise the teacher in charge of the excursion or sports team to consent to my child receiving such medical treatment as may be deemed necessary, and understand that the cost of such medical treatment may be forwarded onto myself.

Does your child have a medical condition that may need consideration? Please state.

...........................................................................................................................................................................

...........................................................................................................................................................................

Parent/Guardian: ...................................................................................................................................................

Signed: .............................. Parent/Guardian Phone Number: ..............................

Emergency Contact:: ..............................................................................................................................................

Emergency Phone No: ..............................