Dear Parent/s,

All students in Year 6 will be participating in Interschool Sport beginning Friday May 20th and ending June 10th. There are four matches scheduled with each one taking place on a Friday afternoon at approximately 1:00-2:30pm. Students will participate in one winter sport; AFL Football, T-Ball or Netball.

**INTERSCHOOL SPORT DETAILS**

**WHEN:** May 20 & 27, June 3 & 10.

**WHERE:** Each student will be given a fixture detailing the venue and other details of each game.

**CLOTHING:**
- **AFL Football** – Shorts and football socks. Football boots if owned. Jumpers will be provided. Mouthguards essential.
- **T-Ball** - Wattle Park polo shirt
- **Netball** - Netball skirt and Wattle Park polo shirt.

We will require up to 3 parents to accompany us on the buses on June 3rd. Please indicate on the permission slip if you are available to assist on the day. Supporting of the teams on the day is highly encouraged!

Kind Regards,

James Feather                                                                            Gayle Cope
P.E/Sport Coordinator                                                                Principal
Permission form to be taken to sport:

Student’s full name: ____________________________  Grade ______

I give permission for my child ______________________ to compete in Interschool Winter Sport in 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 that may be deemed necessary in the event of an emergency.

Signed ________________________________ Date ____________

Contact Number ______________________

Permission form to be retained at school:

Student’s full name: ____________________________  Grade ______

I give permission for my child ______________________ to compete in Interschool Winter Sport in 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 that may be deemed necessary in the event of an emergency.

Signed ________________________________ Date ____________

Contact Number ______________________

I am available to accompany the students and staff on the bus journey to and from Kerrimuir Primary School on June 3rd.

Name: ________________________  Signed: ________________________

Contact Number: ________________________