5th February 2016

Dear Parents,

Your child has been selected to represent Altona North PS in the SSV Altona District Summer Inter School Sports Program in one of the following sports: Softball, Hot Shots Tennis, Basketball, Volleyball and Cricket.

Below is a copy of the event schedule:

<table>
<thead>
<tr>
<th>Round</th>
<th>Date</th>
<th>Opponent</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round 1</td>
<td>12th Feb</td>
<td>St Mary’s Altona</td>
<td>Away</td>
</tr>
<tr>
<td>Round 2</td>
<td>19th Feb</td>
<td>Bayside/Altona College</td>
<td>Home</td>
</tr>
<tr>
<td>Round 3</td>
<td>26th Feb</td>
<td>Altona Primary</td>
<td>Home</td>
</tr>
<tr>
<td>Round 4</td>
<td>4th Mar</td>
<td>Newport Gardens</td>
<td>Home</td>
</tr>
<tr>
<td>Round 5</td>
<td>11th Mar</td>
<td>Seaholme Primary</td>
<td>Away</td>
</tr>
<tr>
<td>Round 6</td>
<td>18th Mar</td>
<td>Newport Lakes</td>
<td>Away</td>
</tr>
</tbody>
</table>

Whilst children will play in our school sporting uniforms they should bring adequate clothing and refreshment to suit the prevailing weather conditions. A change of clothes would be suggested if there has been wet weather.

Play will be between 9:30am and 10:30am
Parents are encouraged to attend and support our teams.

The permission note along with the $10.00 to cover transport costs needs to be returned to school by Thursday 11th February.

Yours Sincerely,

Steven Clark
Sport Co-ordinator

Robyn Gregson
Principal
5th February 2016

I give permission for my child ……………………………………………… to participate in SSV Altona District Summer Sports Competition during term 1 2016 12, 19, 26 FEB, 4,3,11 and 18 MAR.

I realise that the teacher in charge will take every care of my child, but in the event of an accident, I authorise the teacher in charge to consent, where it is impractical to communicate with me, to the child receiving such medical/ surgical treatment as may be deemed necessary.

✓------------------------------------------------------------------✓------------------------------------------------------------------✓------------------------------------------------------------------

CHILD’S NAME: __________________________________________________ GRADE: __________________

I give permission for my child (as above) to attend: DISTRICT SUMMER SPORTS

☐ Enclosed is $_________ being payment for this activity

OR

☐ I would like to cover the cost by using *Camps, Sports and Excursion Funds.

*CSEF is only available to families who have completed a successful application. The school will contact you if there are insufficient funds available.

I authorise the teacher in charge of my child to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary.

My child is currently taking medication. Yes / No (please circle)

Name of medication __________________________________________________________

Dosage _______________________________________________________________

Parent’s Name __________________________________________________________

Contact number __________________________

Signed ______________________________________ Date __________________________

*Please return this sheet only. Keep first page for your information.