



GRADE 1/2 HOOP TIME BASKETBALL COMPETITION

FRIDAY 29th JULY 2016



McDonalds Hoop Time for grade 1/2 children is coming up again. The program offers a one day FUN basketball program at Kilsyth which is suitable for ALL ABILITY LEVELS.

Parents are responsible for transporting students to and from Kilsyth Basketball Stadium. We require students to be at the stadium by 9.30am for a 10.00am start and picked up at the stadium approximately 2.30pm.

As this activity forms part of our PE program we expect EVERYONE in Years 1 and 2 to attend this event.

Please send the permission form below and \$10.00 back to school by **Tuesday 26th July**.

We really need parents and helpers to join in on the day to cheer on our Wandin Yallock basketball teams and to assist with scoring or coaching. Any help would be greatly appreciated. Wandin Yallock staff members will also be present on the day.

Courtney Sharp
PE Teacher



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MCDONALDS GRADE 1/2 HOOPTIME

FRIDAY 29th JULY 2016 - KILSYTH STADIUM

The Principal
Wandin Yallock Primary School

I give permission for my child _____ Grade _____ to attend McDonalds Hooptime at Kilsyth Basketball Stadium on Friday 29th July 2016. Students will be transported by parents.

I consent to my child taking part in this excursion. I authorize the teacher in charge, when it is not possible or otherwise impracticable to contact me, to consent to my child receiving any medical or surgical treatment as may be deemed necessary by a medical practitioner or administer such first-aid as the teacher-in-charge judges to be reasonably necessary and I accept responsibility for the payment of any medical or transport expenses thus incurred.

Parent/Guardian's Name: _____ Contact No.: _____

Parent/Guardian's Signature: _____ Date: _____

Parents:

- I will be attending on the day.
- I can assist with COACHING/SCORING.
- I will transport and collect my child.
- I have arranged for _____ to transport my child.
(Contact No.: _____)
- I have arranged for _____ to collect my child.
(Contact No.: _____)

Medical Information - Please tick if your child suffers any of the following:

- Asthma
- Anaphylaxis
- Travel sickness
- Other: _____

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication including details of child's name, dosage and time taken must be given to the teacher-in-charge.

This confidential consent form asks for personal information about your child as well as family members that provide care for your child. All staff at Wandin Yallock Primary School and the Department of Education & Training are required by law to protect the information provided by this consent form. The Department of Education & Training requires this consent form to be signed for all students attending school excursions

Please select Payment Method

(Please note you can include payment for all siblings in the one envelope but one consent form for each child must be included.)

- Please take payment of \$10 from my account **which is in credit.**
- Please take payment of \$10 from my **Camps, Sports, Excursion Funding** (Approved recipients only).
- I enclose \$10.
 - Payment by cheque – (made payable to 'Wandin Yallock Primary School')
 - Payment by cash or EFTPOS at office
- Direct Deposit: Account Name – WANDIN YALLOCK PRIMARY SCHOOL
BSB: 633 000 Account: 117 554 592
Please use the Parent Family Name when entering your details.
- \$10 Payment by Credit Card – (MasterCard/Visa)

Credit Card No: _____ Expiry Date: ____/____/____

Amount: _____ Name as appears on Credit Card: _____

Cardholders Signature: _____