



# Upper Yarra Primary Schools Sports Association

Co Andrew Devisser Launching Place Primary  
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## TABLOID SPORTS CARNIVAL & SOME TRADITIONL PRIMARY SCHOOL TEAM SPORTS Grades 3/4 Friday 2<sup>nd</sup> September, 2016 Upper Yarra Secondary Oval – Yarra Junction

Dear Parents,

As part of the Upper Yarra Primary Schools Sports Program we are again holding the Tabloid Sports Carnival. This year the Grades 3 and 4 will participate in a slightly more advanced program to ensure their interest is maintained. We are also continuing with our theme of traditional team sports where schools can make up their own teams and compete against other local schools. It will be held on the Upper Yarra Secondary Oval and the session will run for 3 hours. The sessions will be held from 10:15am to 1:45pm with a ½ hour break.

Children will need to be at school by 9am sharp so buses can get away on time.

Parents are welcome to come and watch and indeed schools will need assistance, as they will require a ratio of one adult to 15 children. See the teacher in charge if you are able to assist.

Total cost for the program is \$10.00 which covers the transport and the tabloid sports presenters. **Please return payment and this permission form by Monday 29<sup>th</sup> August.**

Children will need to wear school uniform and appropriate footwear.

Thank you,

Joanne McCracken, Therese Myring & Courtney Sharp



### Yr 3/4 TABLOID SPORTS CARNIVAL & TRADITIONAL PRIMARY SCHOOL SPORTS Friday 2<sup>nd</sup> September, 2016 – Upper Yarra Secondary School – Yarra Junction

The Principal

Wandin Yallock Primary School

I give permission for my child \_\_\_\_\_ Grade \_\_\_\_\_ to attend Tabloid Sports Carnival at Upper Yarra Secondary Oval on Friday 2<sup>nd</sup> September. Students will be travelling by seat belted bus, leaving school at 9am and arriving back at 2.30pm.

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: \_\_\_\_\_

YES, I would like to help out on the day.

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

- Asthma                       Anaphylaxis                       Travel sickness  
 Other: \_\_\_\_\_

*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 \$10.00 from my account **which is in credit.**  
 Please take payment of \$10.00 from my **Camps, Sports, Excursion Funding** (Approved recipients only).  
 I enclose \$10.00.  
 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.  
 \$10.00 Payment by Credit Card – (MasterCard/Visa)

Credit Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Amount: \_\_\_\_\_ Name as appears on Credit Card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_