



# Upper Yarra Primary Schools Sports Association

Co Andrew Devisser Launching Place Primary  
Mob 0439 034 278 Ph (03) 5964 7783 Fax (03) 5964 6171  
email [devisser.andrew.j@edumail.vic.gov.au](mailto:devisser.andrew.j@edumail.vic.gov.au)  
website: [www.ssv.vic.edu.au](http://www.ssv.vic.edu.au)

## JUNIOR SPORTS (P-2) – FRIDAY 6TH NOVEMBER UPPER YARRA SECONDARY COLLEGE OVAL

The Upper Yarra Primary School Sports Association is again holding its annual Junior Sports at the Upper Yarra Secondary College School Oval. All children are expected to participate as the day revolves around maximum participation. The activities generally revolve around team games with the emphasis on enjoyment for all.

Parents are certainly invited to come and watch although many schools will need parent assistance. If you are able to help out on the day please see the teachers concerned at your school and offer your assistance.

Children will need to come along in suitable clothing and footwear and if the day is cool a tracksuit is ideal. They will also need to provide their own lunch and drinks (no glass containers).

The sports will run from 10.15 to 1.45 with the buses leaving schools between 9.00 and 9.30am and departing Upper Yarra Secondary from 2.00pm.

The total cost for the day is \$8.00 and should be returned with the permission form by Wednesday 4<sup>th</sup> November.

Let's hope for a great day.

Andrew Devisser  
(Yarra Division Officer)

✂

## JUNIOR SPORTS (P-2) – FRIDAY 6TH NOVEMBER UPPER YARRA SECONDARY COLLEGE OVAL

The Principal  
Wandin Yallock Primary School  
I give permission for my child \_\_\_\_\_ Grade \_\_\_\_\_ to attend Junior Sports at Upper Yarra Secondary College on Friday 6<sup>th</sup> November. Students will be travelling by seat belted bus, leaving school at 9am and arriving back at 3.00pm.

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.

I am able to help out on the day

Parent/Guardian's Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

### 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 \$8.00 from my account **which is in credit.**
- Please take payment of \$8.00 from my **Camps, Sports, Excursion Funding** (Approved recipients only).
- I enclose \$8.00.
- Payment by  cheque (made payable to 'Wandin Yallock Primary School')  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.
- \$8.00 Payment by Credit Card – (MasterCard/Visa)

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

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

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