Dear Parents,

Your child has volunteered to represent the school in the Regional Junior Hoop Time Basketball Competition. This is a Round Robin competition that takes place on one day.

DATE: Friday 7 November
TIME: 9.00am – 3.15pm
WHERE: Nunawading Basketball Stadium
         Burwood Hwy, East Burwood
COST: $8 per child (this is NOT covered by the excursion levy)

UNIFORM:
Children are to wear/bring with them on the day:
- School basketball top (which students will borrow from the school closer to the date),
- School sports uniform shorts or dark coloured basketball shorts (shorts with no pockets),
- School jumper or jacket,
- Correctly fitted mouthguard,
- Lunch, snacks and drinks (especially water)
- All relevant medication i.e. asthma puffers, epipens

PARENT ASSISTANCE:
In order to keep costs down children will be travelling by car, which will leave school PROMPTLY at 9.00am.

We will need 3 parents to drive the children to and from the event. You do not need to stay for the whole day and I am happy to make a roster for those parents that will only be able to drive a group of children one way. Please note that you will need to have a Working with Children Check and comprehensive car insurance.

We also need parents to assist with scoring on the day so if you are planning on staying the whole day can you please let me know as soon as possible so I can create a scoring roster.

Kind regards,

Michelle Vincitorio
JUNIOR HOOPTIME BASKETBALL 2014 PERMISSION FORM

I give permission for my child _________________________ to compete in the Regional Hoop Time Basketball Competition on Friday 7 November. I give permission for the adults in charge to seek medical advice or arrange any hospital or ambulance transport, in the case of an emergency and accept responsibility for any costs involved.

☐ I have enclosed the $8 payment.

Signed _____________________ (Parent/Guardian) Date ___________

Emergency contact numbers on day of excursion ________________ ______________

I am happy to help on the day with the following (please tick):
  ☐ Scoring  ☐ Transporting the students to the event
  ☐ Transporting the students from the event

Car seats available: ______

Car Registration Number: ________________

I have a current Working with Children Check (WWCC) or VIT registration (please tick):
  ☐ WWCC or VIT number: ________________

Contact email: ___________________________________________