INTERSCHOOL SUMMER SPORT 2016

The weekly **Interschool Sports** for Term One will be played against St. Michael’s, Camberwell South and St. Dominic’s Primary Schools on the 4th, 11th and 25th of February respectively. When playing Camberwell South P.S we will use the Glen Iris Primary school courts and Eric Raven Reserve, Glen Iris. When playing St. Michael’s we will use the Glen Iris school courts and Warner Reserve, Ashburton. When playing St. Dominic’s we will use the St. Dominic’s school courts and Highfield Park, Camberwell.

**Interschool Gala Day** will be played from 9.30am until 2.30pm on Thursday 17th March. Kanga Cricket will be played at Basil Reserve in Malvern East, Tee Ball will be played at the Hartwell Sports Ground, Glen Iris. Volleystars and Newcombe will be at Hartwell P.S. Tennis will be played at St. Dominic’s P.S. The buses will be leaving right on 9.00am, so please have your child at school by 8.45am and ready to leave.

All students are expected to wear correct sporting attire: Broad brimmed sunhat, the school sports uniform, purple or yellow polo shirt, school shorts or culottes, white socks and runners. All children must take their own water bottle and should have sunscreen.

**Interschool sport and the Gala Day are NOT covered by the excursion levy.** You will need to pay a total of $28.00 for buses with seat belts; this will cover transport for the St. Michael’s and St. Dominic’s away matches and for the Gala Day. Please sign the form below and return with payment by Thursday 11 February.

Nathan Gilliland
PE Coordinator

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I give permission for my child __________________________ Grade _________ to participate in the away matches and the Interschool Sport Gala Day and travel by bus to the venue of their chosen sport (Basil Reserve, Hartwell Sports Ground, Eric Raven Reserve (walk), Camberwell South Primary School, St. Michael’s and St. Dominic’s Primary School) on Thursday 4 February, Thursday 11 February, Thursday 25 February and Thursday 17 March 2016.

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

☐ I have enclosed the $28.00 payment.

Parent’s Name: ___________________________ ___________________________ ___________________________

Parent’s Signature: ___________________________ Date: __________

Emergency contact numbers ___________ ___________ ___________

I, ___________________________ ___________________________ can help out on the day with supervision to and from the Gala Day or Weekly Interschool sports matches. Please specify what day you are able to assist and please write down a contact email address.

The date/s I can assist are: ___________________________ Contact Email: ___________________________

It is a requirement that all parent helpers have a Working With Children Check. Please provide a copy of one to the office before volunteering.