Dear Parents

As part of the Friday afternoon Summer sports program (Term 1 Wks 3-7) Years 3, 4, 5 and 6 students who are not participating in school teams will again be able to attend gymnastics at the YMCA.

This program is supervised by teachers from the school and is conducted by trained staff at the YMCA in Gymnastics, Trampolining and Aerobics.

The program will run from Friday, 14 February up to and including Friday, 14 March 2014. The cost of the program is $6.50 per week, which is to be paid in a lump sum for the 6 weeks of summer sport. The total cost is $39.00 which is payable by Thursday, 21 February, 2014. If paying by cheque please make payable to Caringbah North Primary School. (DO NOT send money until your place is confirmed.)

Students will walk to and from Caringbah YMCA accompanied by a teacher. Children are expected to return to school after YMCA. If there is a need to pick your child up from this activity, you would have to sign them out at school first and then present the slip to the teacher taking the activity. This is in accordance with the school’s attendance policy.

Students wishing to participate in YMCA must return the attached permission slip as soon as possible. Notes will be collected at the morning assembly.

There are a maximum of 60 places available in YMCA, therefore the children who return their notes first will gain places. Any child absent on the day of distribution of this note will not be disadvantaged.

A list of students who have successfully gained places will be posted on the external whiteboard on the stage in the 3-6 playground closer to the start date.

DO NOT SEND ANY MONEY WITH THE PERMISSION SLIP until your place has been confirmed.

Natalie Skinner        David Roffe
Sports Co-ordinator         Principal

YMCA

I give permission for my child ____________________________ class ________ to attend the YMCA on Friday afternoons from Friday, 14 February up to and including Friday, 14 March. I understand that the students will walk to and from the YMCA accompanied by a teacher.

To the best of my knowledge he/she has no medical condition, disability or injury which puts him/her at risk in participating in this sport activity.

In the event of illness or injury I authorise the seeking of such medical assistance on my behalf that my child may require.

Signed: __________________________ Parent/Guardian     Date: __________________________