3 February 2017

STAGE 2 & 3 – INDOOR SPORTS TERM 1

Dear Parents,

In Term 1, indoor sports lessons will be held at the Hurstville Aquatic Centre for students in Stage 2 & 3 and will run for eight weeks, commencing 17 February, 2017. Students will be participating in different indoor sports activities each week, lasting approximately one hour, and will be conducted by qualified instructors from the centre. All sports activities will be evenly distributed over the term.

The activities will be gymnastics, basketball, soccer, volleyball and tagging games.

Students will leave school at 9.00 am and travel by bus to Hurstville. They will return to school by 11am. If your child is not at school to catch the bus, they will stay at school for house sports. Students are requested to wear their school sports uniform. Girls may wear school skirts with black bike pants underneath, school shorts or school skorts (shorts that look like skirts). Long hair needs to be tied back. No jewellery or watches are to be worn.

If you would like your child to participate in this program please complete the permission note attached and place it and the exact cash or payment details in an envelope clearly marked with your child’s name and class and “Indoor Sport”. Please place it in the collection box in the office foyer before 13 February 2017. Places are limited so please be prompt in paying.

Once committed to this program, students will not be able to transfer to PSSA or another sport this term.

The cost for this term will be $96.00.

We understand there has been a rise in costs, but due to bus changes this is unfortunately out of our control.

Thank you
Ms Archer
Co-Ordinator
## PERMISSION

I give permission for my child, First Name: ........................................ Surname: .............................. of class ........................ to travel by bus to attend indoor sports lessons in Term 1, 2017 at Hurstville Aquatic Centre. This activity has been approved by the Principal. I understand that once this commitment is made my child **will not be able** to transfer to PSSA sport this term.

## MEDICAL INFORMATION

Child’s Name: .......................................................... Class: ..........................

Does your child have any medical conditions or allergies?  YES / NO

If Yes, please specify in the space provided below.

…………………………………………………………………………………………………………………………………………………………………………..

Parent /Caregiver Name: ............................................. Contact Phone Number: .............................

Signature: .............................................................. Parent/Guardian       Date: .............................

## PAYMENT DETAILS  – Due:  Monday 13 February 2017

$ 96.00  (Please tick your method of payment)

- [ ] Cash or Cheque

- [ ] *POP Online Payment Receipt number is ________________________________

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**POP ONLINE INSTRUCTIONS**

- Log onto the school website  [www.carlton-p.school@det.nsw.edu.au](http://www.carlton-p.school@det.nsw.edu.au)
- Click on “ONLINE PAYMENT”
- Complete all “green” colour asterix * and students Class
  This includes Childs name and DOB, Payer details and C/C details

Any problems please do not hesitate to contact the front office.