Grade 3 & 4 Cricket Carnival 2016

Monday 3rd October 2016

Dear Parents and Caregivers,

As part of our PE program, all grade 3 and 4 students have been invited to participate in a cricket carnival afternoon (12:30-2:30pm) that will be held at Fairbairn Park on Friday 14th October 2016. This is a great transition for grade 3 and 4 students into interschool sports. All current grade 4 students will take part in interschool sports next year. Our students will be joined by other grade 3 and 4 students from other local primary schools, as well as sports development students and representatives from Cricket Victoria. Cricket Victoria is supporting us to run the afternoon’s events. Students will be involved in skills rotations, followed by a 30-minute game of T20 blast. These rotations and games will focus on fun and participation. We would like all grade 3 and 4 students to participate.

The cost of this excursion is $15 Per Child. This covers the cost of staffing and transport for the excursion. Payment for this excursion will be taken from the Sports Levy. Students can only attend this excursion if the Sports Levy has been paid in full. You cannot pay for this activity individually. If you are having difficulty making payments or you would like to discuss a payment plan, please contact Sue or Michael. We will be leaving AVPS at 12:00PM and will return to school by 3:00PM. All students will need to bring a hat, water bottle and a labelled plastic bag with a snack.

In order to participate, please return the permission slip below to your classroom teacher by NO LATER than Wednesday 12th October 2016.

Ian Lumb - Health & PE Co-ordinator

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I give permission for my child in Unit ___________ to attend the Cricket Carnival at Fairbairn Park on Friday 14th October 2016. In the event of an accident or injury I give permission for the teacher in charge (Ian), where it is impractical to communicate with me, to my child receiving such medical treatment as may be deemed necessary. I understand that my child will be travelling by bus.

Parent Name: ___________________________ Parent Signature: ___________________________

Date: ______________ Emergency Parent Phone Number on day excursion: ____________________

Does your child suffer from a medical condition and/or require medication on the day of the activity/excursion?: YES/NO

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