



Inter School Sports – Summer 2017

Wednesday 11th October 2017

Dear Parents and Caregivers,

As many of you are aware, the Summer Sport Competition is held on Friday mornings from 9am to 11am during Term 4. The senior school will be participating in three sports: Soccer, European Handball and Hotshots Tennis. This year we will be walking to Ormond Park for our home games of soccer. European Handball and Tennis will be played at our school. Sarah, Ellen and Ian will hold all training during school hours.

Students will be provided with a playing top/jersey on the day, but a plain white t-shirt must be worn for interchange and hygiene reasons. **All unit 4 & 5 grade 5/6 students are expected to participate.**

Please keep this fixture handy at home for future reference. Soccer grounds for away matches are in brackets. European Handball and Tennis are always played at the school.

Round 1 - October 27th - AVPS v St Mary's - HOME

Round 2 – November 3rd - AVPS v North Melb Blue - HOME

Round 3 - November 10th - Avondale v AVPS – AWAY (Avondale Heights Reserve)

Round 4 - November 17th - Moonee Ponds West v AVPS – AWAY (Maribyrnong Park)

Round 5 - November 24th - Holy Rosary v AVPS – AWAY (JJ Holland Park)

Round 6 – December 1st - Kensington v AVPS – AWAY (JJ Holland Park)

There are two things required for your child's participation:

- 1. Please return the permission note by Wednesday 25th October 2017**
- 2. Payment:** Grade 5/6 students need to have paid the \$45 Sports Levy for term 4 **by Wednesday 25th October 2017**. Thank you to those who have already made this payment, please check your statement at the office if you are unsure. If you are having difficulty making payments, please speak to the office about payment plans.

Regards,

Ian Lumb - HPE Co-ordinator

Permission Form – Inter school Sports Summer 2017

I give permission for my child _____ in Unit _____ to attend the inter school competition during the following dates 27/10/17 to 1/12/17. In the event of an accident or injury I give permission for the teacher in charge (Sarah, Ellen or Ian), where it is impractical to communicate with me, to authorise for my child to receive such medical treatment as may be deemed necessary.

I understand that my child will be travelling by Bus and/or walking to and from some venues.

Parent Name:

Parent Signature.....

Date.....

Emergency Parent Phone Number on day of activity/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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