TRISKILLS GYMNASTICS PROGRAM

Dear Parents / Caregivers

As part of your child’s PD / Health / PE education, stage 1 and 2 teachers have coordinated an 8 week gymnastics program with TriSkills St George. Gymnastics is a compulsory part of your child’s education and we see this as a wonderful opportunity to complete this requirement. The children will be instructed by qualified teachers in a variety of gymnastic activities including balance, tumbling and bars, in our school hall.

Duration: 8 Weeks

Program: Term 2, Week 1 – Week 9
Days and times to be advised.

Equipment:
- Students are to wear their sports uniform on their gymnastics day. TriSkills have asked for all students to wear shorts, no skirts please. If your child has a school sport skirt could they please bring shorts and change back into skirt after the lesson.
- Long hair is to be tied back.
- No jewellery or watches.

Cost: Total cost is $37.00 and is due on Thursday 2 May 2013.

Please send payment together with the attached, completed permission note to the payment box located in the office foyer in an envelope clearly marked with your child’s name and class (you may pay for more than one child in the one envelope). Cheques made payable to Picnic Point Public School, cash or eftpos.

- Please be aware that money cannot be refunded if your child is absent.
- Any child not meeting the requirements will be supervised by another teacher while their class attends their gymnastics lesson.

Thank you for your continued support of your child’s education.

M Carrett
Co-ordinator
TRISKILLS GYMNASTICS PROGRAM

RETURN NOTE AND PAYMENT BY THURSDAY 2 MAY 2013

TO PAYMENT BOX LOCATED IN OFFICE FOYER

I give my permission for my child ___________________________ of ____________________ to attend gymnastic classes at school.

Enclosed is $37.00 to cover the cost of lessons.

A. Additional Medical Information: for children without a current Health Care Plan

☐ Requirements: ____________________________________________________________________________

OR

B. Medical Information: for children with a current Health Care Plan

☐ My child ___________________________ has a current Health Care Plan registered with our school. Please advise the appropriate requirements for this activity.

Requirements: ____________________________________________________________________________

☐ No special requirements for this activity

Parent/Guardian: _____________________________ Date: _____________________________

C. Medical Insurance:

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child’s involvement in these activities (at school, district, region and state levels) when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through normal retail insurance outlets.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. Further information can be obtained from www.sportinginjuries.com.au

Privacy Notice

The personal information provided on this permission note, will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the school.

Parent/Guardian: _____________________________ Date: _____________________________