

**YEAR 4HB & 4F GYMNASTICS AND MOVEMENT – MORNINGTON MYC**  
**Tuesday, 7<sup>th</sup> June and Tuesday, 14<sup>th</sup> June, 2022**

Dear Parents/Guardians,

Year 4HB & 4F students will be participating in 4 gymnastics sessions in Term 2 (over 2 days) at MYC, Hastings Community Hub. Students will participate in activities focusing on fundamental movement skills through gymnastics, obstacle training, rhythm and freestyle movement. 4M and 4S will participate in the program in Term 3.

Session 1 and 2 – Tuesday, 7 <sup>th</sup> June Departing school at 10.55 am Returning to school at 1.10 pm Session 1: 11.20 am – 12.00 pm Session 2: 12.05 pm – 12.45 pm	Session 3 and 4 – Tuesday, 14 <sup>th</sup> June Departing school at 10.55 am Returning to school at 1.10 pm Session 3: 11.20 am – 12.00 pm Session 4: 12.05 pm – 12.45 pm
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Students will need to wear a comfortable sports school uniform (sports top) and runners and bring a named drink bottle on the excursion.

**There will be no cost to parents as this will be funded by a Sporting Schools Grant.**

Please complete the permission form and return to the classroom teacher no later than Tuesday, 31<sup>st</sup> May, 2022. No late forms can be accepted after this date.

TRACY MCLAUGHLIN AND LYNNE CONGIUSTA  
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My child ..... Grade ..... has my permission to participate in the Gymnastics and Movement program travelling by bus to MYC, Hastings Community Hub.

I authorise the teacher in charge to consent where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I accept all operation, blood transfusion, and / or anaesthetic risks involved, and the responsibility for payment of any expenses thus incurred.

I understand that in the event of my child’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, they may be sent home. I further understand that in such circumstances I will be informed and will be required to collect my child.

Emergency contact name: ..... Phone: .....

Parent/Guardian’s signature: .....

<p><b>Medical Condition details:</b>          Please tick if your child suffers with the following Medical Conditions:-  <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies (please specify) .....  <input type="checkbox"/> Other .....</p>
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