14th July, 2022

YEAR 4M & 4S GYMNASTICS AND MOVEMENT – MORNINGTON MYC
Thursday, 28th July and Thursday, 11th August, 2022

Dear Parents/Guardians,

Year 4M & 4S students will be participating in 4 gymnastics sessions in Term 3 (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.

Session 1 and 2 – Thursday, 28th July Departing school at 12.40 pm Returning to school at 3.10 pm Session 1: 1.10 – 1.55 Session 2: 2.00 – 2.45	Session 3 and 4 – Thursday, 11th August Departing school at 12.40pm Returning to school at 3.10 Session 1: 1.10 – 1.55 Session 2: 2.00 – 2.45

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 Thursday, 21st July, 2022. No late forms can be accepted after this date as coaches will be booked. .

TRACY MCLAUGHLIN AND LYNNE CONGIUSTA
Email: tracy.mclaughlin@education.vic.gov.au
Lynne.congiusta@education.vic.gov.au

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YEAR 4M AND 4S GYMNASTICS AND MOVEMENT – MORNINGTON MYC
Thursday, 28th July and Thursday, 11th August, 2022

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: ……

Medical Condition details:
Please tick if your child suffers with the following Medical Conditions:-
☐ Asthma ☐ Allergies (please specify) ……
☐ Other ……