

3-6 FLIPSPORT GYMNASTICS – 2019

Dear Parents,

During Term 3 we will be implementing an EXCITING gymnastics program for Years 3-6 classes. The 40 minute lessons will be held each **Friday** in the school hall and will be taught by professional gymnastics teachers from Flipsport. It is a high intensity, innovative, program that ensures students not only get a turn, but also improve their skills.

- The program will commence on **Friday, August 2, 2019** and conclude on **Friday, October 18, 2019**. (Note the last session will occur Week 1 Term 4 due to a missed lesson for Gala Day in Term 3, Week 9)
- Students will receive a certificate at the end of the program, including grading of the key skills
- Students are expected to wear their sport clothes and shoes for this activity. Students may wear their sports uniform to school on the day.
- The cost is **\$50.00 for the 9 weeks**. Full payment should be made by **9am Wednesday, August 14, 2019**.

Please note that whilst the payment is extended until after the program starts, students will not be able to participate without a returned permission slip. A returned permission slip is an assumption of payment by the due date. As this is part of the PDHPE curriculum, we strongly encourage all students' participation.

Please complete the permission note below, enclose the correct money and place in the envelope provided. Please return this to the payment box in the front office. If there are any enquiries or concerns about payment please, do not hesitate to contact the school on 9832 8555.

This activity has the approval of the Principal.

D. Meaney
Principal
13 June 2019

A. Leyte
Flipsport Coordinator

PERMISSION NOTE - FITSCHOOL GYMNASTICS

Return to the school's payment box by Wednesday, August 14 2019 (Term 3 Week 4) at the latest

I give permission for my child _____ of class _____ to participate in the Flipsport Gymnastics lessons to be held in the hall at Glendenning Public School. I understand that this program consists of 9 lessons of 40 minutes duration and will commence on Friday, August 2, 2019 and conclude on Friday October 18, 2019.

[] I have enclosed \$50.00

[] I have paid online with Reference Number: _____

[] I would like to request a time payment plan for this activity.
Please access the school website, print and complete the Time Payment Plan form and send to the office with the permission note. Or you may ask at the office for a form.

I do not wish my child _____ of class _____ to participate in the Flipsport Gymnastics lessons because

MEDICAL INFORMATION

Please indicate below if your child has any allergies or other known medical issues that we should be aware of.

Child's Name: _____ Class: _____

Contact Number in case of an emergency: _____

Allergies? YES NO

If YES was ticked, what exactly is your child allergic to?

Other Medical conditions:

Parent / Caregiver Name: _____ Signed: _____ Date: _____