Term 2 2014
Active After School Communities
Athletics Skills Yrs 4 - 7 and Hockey Skills Yrs P - 3

Our Active After Schools Skills Program this term will be Athletics skills for students in years 4 - 7 and Hockey skills for students in years P - 3. (Due to the availability of coaches, having to run two different programs was unavoidable). Both programs will begin in Week 3 with Hockey Skills being held on a Tuesday afternoon and Athletics Skills on a Thursday afternoon. The programs will run for 7 consecutive weeks starting at 3:10pm and finishing at 4:10pm. Places are limited to 30 for both programs. If there is an overwhelming response, places will be given on a first in first served basis. Please note that a member of our staff will be present at each session in a supervisory capacity. The programs are funded by a grant from the Federal Government through the Australian Sports Commission therefore it is at no cost to parents. If a student has not been picked up by 4:10pm they will be taken to the primary school office for collection from there.

ATHLETICS SKILLS Yrs 4 - 7

When: Commencing Week 3 Thursday 8th May and continuing on the following dates: 15th, 22nd, 29th May and 5th, 12th & 19th June inclusive.

Time : 3:10pm to 4:10pm

Where: Students to gather outside the Trinity Hall on the concrete.

HOCKEY SKILLS Yrs P - 3

When: Commencing Week 3 Tuesday 6th May and continuing on the following dates: 13th, 20th, 27th May and 3rd, 10th & 17th June

Time : 3:10pm to 4:10pm

Where: Students to gather on Basketball Court

To participate in the Active After-school Communities Program all children must return the Student Consent Form by the morning of Monday 5th May.

If you have any questions regarding the above please don’t hesitate to contact either one of us at the office.

Yours sincerely,

Eric Ellems & Geraldine Grimish
ACTIVE AFTER SCHOOLS – ATHLETICS SKILLS 4 - 7 and HOCKEY SKILLS P - 3.
(Please circle the applicable program)

Child’s details:

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<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Class</th>
<th>M/F:</th>
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Are there any activities the child should not participate in?

__________________________________________________________________________
__________________________________________________________________________

Does the child have any medical conditions which the AASC supervising staff needs to be aware of?

__________________________________________________________________________
__________________________________________________________________________

CHILD’S DOCTOR/MEDICAL SPECIALIST:
NAME: ____________________________________ PHONE: ______________________

PERSON TO CONTACT IN CASE OF EMERGENCY:
NAME: ____________________________________ PHONE: ______________________

☐ I consent to the Australian Sports Commission (ASC) recording, reproducing and publishing images of the AASC program at work. The images may include photographic, video and audio representations of my child. The images may be reproduced and published by the ASC in ASC publications, posters, presentations, promotional broadcasts, promotional events, reports and ASC websites in any and all media.

Active After-school Communities Participation Agreement:

- I give permission for my child to participate in the Active After-school Communities Skills Program.
- I acknowledge and agree that the School’s normal behaviour management and disciplinary procedures will apply and that the Supervising staff will apply these procedures during the conduct of the Program.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the supervisor to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have provided all information necessary for supervisors to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.
- I consent to my child’s doctor or medical specialist being contacted by medical personnel in an emergency.
- The information given is accurate to the best of my knowledge.
- I acknowledge and agree that the school collects personal information for the purposes of conducting the Activities, and that the school may provide this personal information to the ASC for the purposes of the ASC administering, evaluating and reporting on the Active After-School Communities Program.
- I agree to release the ASC from any liability to my child for any injury or illness that my child may suffer, and for any loss or damage to property in connection with the Skills Program, except where that liability arises as a result of negligence of the ASC.

I have read and consent to the Agreement above.

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<th>Name:</th>
<th>Signed:</th>
<th>Date:</th>
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