



# KIRRAWEE PUBLIC SCHOOL

Bath Rd, Kirrawee, 2232  
Ph 9521 4514 Fax 9545 3318



## K-6 GYMNASTICS PROGRAM



TERM ONE, 2018

Dear Parents/ Caregivers,

As part of a whole school sporting initiative Kirrawee Public School will be running a Gymnastics program throughout **Term 1, 2018**. The gymnastics program will be run by 'Got Game' a Department of Education **accredited gymnastics coaching program**.

The program will run for **most classes** within the school with specialised instruction.

The school is able to offer the program with the cost **covered in the school learning pack payment**.

**If you have chosen to pay separately the cost will be \$35.00. Payment can be made online via the Kirrawee Public school website (please record your receipt number on the permission slip below) or EFTPOS is available at the office or over the phone. We also accept cash or cheque payments.**

**The gymnastics program will begin in week 1 of Term 1, 2018. Students may wear their sport uniform on their gymnastics day. Teachers will notify students about which day to wear their sport uniform.**

**MEDICAL INSURANCE: Important Information:** In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education & Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents & caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, area & state school sport associations when deciding whether additional insurance cover 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](http://www.sportinginjuries.com.au)

Kind regards,  
Mrs Melissa Oostdam  
Assistant Principal

Please return the permission note by **Monday 5<sup>th</sup> February, 2018**

My child \_\_\_\_\_ of class \_\_\_\_\_ has permission to participate in the school gymnastics program.

If you have not paid for the learning pack, the cost will be \$35.00.

My online payment number (receipt) is \_\_\_\_\_

My child has the following medical/ physical needs that may affect his/her participation in the gymnastics program \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_