30 August 2016

Dear Parents

The Northern Beaches Catholic Primary Schools Sports Gala Day will be held on Tuesday 20 September for Years 3 and 4 and Thursday 22 September for Years 5 and 6.

**TIME:** Please be at school by **8.45am**. Buses will depart at **9am**. The Gala Days will commence at 9:45am and conclude by 1:45pm. Students will return to school by 2:30pm.

**WHERE:**
- Pittwater Rugby Park, North Narrabeen
- John Fisher Park, Curl Curl

**TRANSPORT:** The school will provide buses for students.

**NOTE:** Children will be put into teams according to the sport they chose to participate in during Tuesday skill sessions at school.

**IMPORTANT:** Please complete and return the permission note by Tuesday 13 September.

TO BE ABLE TO ATTEND WE WILL NEED PARENT MANAGERS FOR EACH TEAM. If you are able to assist by managing a team please indicate on the permission note attached.

**Uniform:** Children are to wear full school sports uniform. Mouthguards are highly recommended for AFL players.

**Parent Managers:** Your role on the day will be to rotate the children during each game so that each child gets a fair amount of playing time. No experience of the sport is necessary.

**What to Bring:** Warm clothes, rain gear, hat, sunscreen, fruit break, recess, lunch, drink bottle (NO GLASS BOTTLES of any kind are allowed). Also include snacks to keep up your energy levels throughout the day (such as dried fruits, rice cakes, muffins, etc).

Please note **NO DOGS** are allowed at either venue during the gala day.

Yours sincerely

Jemma Satchell

**GALA DAY CO-ORDINATOR**
Years 3 & 4 - AFL, CRICKET & NETBALL Gala Day

Please complete this form and return to your child’s Class Teacher no later than **Tuesday 13 September**.

I give permission for my child______________________________ Class________________
to travel by bus to and from the years 5 and 6 Gala Day on **Tuesday 20 September 2016**.

I______________________________ (Parent name) can **MANAGE** a team on the day for
**cricket/AFL/netball** (please indicate which sport).

Children will be participating in the sport they have chosen throughout the term during our sport skill sessions.

**Medical Information**
Will it be necessary to give any medication whilst on this excursion? **YES /NO** *(please circle)*
If yes please state ___________________________________________________________

Does your child have any medical condition of which the teacher should be aware? **YES /NO**
If yes please state ___________________________________________________________

Does your child have any allergies (eg insect bites, food)? **YES/NO**. If yes, please give details
____________________________________________________________

Emergency contact person for this day is ________________________________

Contact number for this day is______________________________

Signed: __________________________  Date: _______________________

(Parent/Guardian)