



# TOMERONG PUBLIC SCHOOL

*Quality Education in a Caring Environment*

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## **Permission Letter - Gymnastics Program (Term 4, 2015)**

Dear Parents/Caregivers,

School Gymnastics will be attending our school each week in Term 4 for 8 weeks, commencing on Thursday 15 October, 2015.

This program has been created especially by School Gymnastics to meet the gymnastics requirements by teaching students a range of skills including handstands, forward rolls, cartwheels and safe jumping and landing techniques. The program is taught by experienced gymnastics coaches and students will have the opportunity to use a variety of gymnastics equipment including trampolines, horizontal bars, parallel bars, rings, beams and much more!

All equipment is supplied by School Gymnastics and setup at our school for each lesson. We highly encourage participation from all students and feel that this gymnastics program is highly beneficial for your child. No previous gymnastics experience or skills are required to participate in the program as exciting new skills for all abilities will be taught during the duration of the term.

### **THERE IS NO COST FOR THIS PROGRAM**

Students usually pay each week to attend gymnastics but we have been able to utilise funds due to our school's ongoing commitment to the Premier's Sporting Challenge.

**Please ensure that your child wears their school sports uniform each Thursday.**

**Please return the note below by Wednesday 14th October, 2015.**

Regards,

**Luke Munn**



## **School Gymnastics Program - Term 4, 2015**

I hereby consent to .....of Class .....  
(Full Name)

participating in **School Gymnastics** for eight weeks of Term 4, 2015 (commencing Thursday 15 October, Week 2). I am aware that the provider of this program is part of *Activated Group* – Australia's largest provider of school sporting programs. I understand that there is **no cost** involved, due to Tomerong Public School's on-going commitment to the Premier's Sporting Challenge.

Signature of Parent/Guardian ..... Date .....

**Please answer the questions on the back of this form for medical conditions if required.**

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**INDICATE CLEARLY:**

Please tick

☐ My child has Asthma and will bring medication on the day.

☐ My child has allergic reactions to bee/ant stings.