TOOTGAROOK PRIMARY SCHOOL

Telephone: 5985 2864 Facsimile: 5985 7959
Email Address: tootgarook.ps@edumail.vic.gov.au

SUMMER LIGHTNING PREMIERSHIPS

Thursday 25th March, 2014

Dear Parents,

Your child has been selected to represent Tootgarook Primary School in the Port Phillip/Nepean District Section of the Summer Lightning Premierships on **Wednesday 23rd April**.

The cost for the day for those playing Basketball will be **$10.00** for bus transport. The cost for those playing Volley Stars, and Cricket will be **2.00**. This goes towards Umpires and Sport Affiliation Fees.

All competitions commencing approximately at 10.00am and finishing at approximately 2.00pm.

The sports will be played at the following venues:

<table>
<thead>
<tr>
<th>Sport</th>
<th>Venue</th>
<th>Teacher in charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cricket</td>
<td>Truemans Road Reserve</td>
<td>Miss Quinton</td>
</tr>
<tr>
<td>Volley Star</td>
<td>Tootgarook Primary School</td>
<td>Miss Staley</td>
</tr>
<tr>
<td>Basketball (Boys)</td>
<td>Frankston Courts at Kananoo</td>
<td>Mrs. Bruin</td>
</tr>
<tr>
<td>Basketball (Girls)</td>
<td>Frankston Courts at Kananook</td>
<td>Mrs. Bruin</td>
</tr>
</tbody>
</table>

*All students must be dressed in Tootgarook Primary School’s sports uniform.

** Suitable footwear for sport and a waterproof jacket/hat is required depending on the weather.

*** All children will require a snack, cut lunch and water bottle.

All asthmatic children MUST have their puffers with them all day.

*PLEASE HAVE ALL ITEMS CLEARLY NAMED.

Children playing Basketball - The bus will leave the school at approximately 9.05am and will return by 2.30pm.

****Please return the attached permission note together with the money by Friday 4th April.

Again we would like to invite all parents and friends to come along and support the children, bring a picnic, stay for lunch and enjoy the day.

Thank you for your support,

Yours sincerely,

Paul King
(Phys Ed)
TOOTGAROOK PRIMARY SCHOOL
SUMMER LIGHTNING PREMIERSHIP

I GIVE PERMISSION FOR MY CHILD....................................................GRADE..........................
TO ATTEND THE SUMMER LIGHTNING PREMIERSHIP ON Wednesday April 23rd.

WHERE THE TEACHER IN CHARGE OF THE EXERSION IS UNABLE TO CONTACT ME, OR IT IS
OTHERWISE IMPRACTICABLE TO CONTACT ME, I AUTHORISE THE TEACHER IN CHARGE TO:

- CONSENT TO MY CHILD RECEIVING SUCH MEDICAL OR SURGICAL ATTENTION AS
MAY BE DEEMED NECESSARY BY A MEDICAL PRACTITIONER,
- ADMINISTER SUCH FIRST-AID OR TAKE SUCH ACTION AS THE TEACHER IN CHARGE
MAY JUDGE TO BE REASONABLY NECESSARY AND TO BE TRANSPORTED BY PRIVATE
CAR IF DEEMED NECESSARY.

(  ) I ENCLOSE $................................. AMBULANCE COVER: YES OR NO

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

Emergency Phone Number for this day:
...........................................................................................

Please circle the sport your child will be playing on the day -
CRICKET
VOLLEY STAR
BASKETBALL