



P.O. Box 249 BOOLARRA 3870
51 Tarwin Street, Boolarra.
Ph. (03) 5169 6471 Fax (03) 5169 6658
Boolarra.ps@edumail.vic.gov.au
School Website: www.boolarra.vic.edu.au
Principal: Susan Duncan

Respect, Engagement, Responsibility, Aspiration

Yinnar and District Basketball – Friday 16th August 2019

Tuesday 6th August

Dear Parents,

This is to advise that the Yinnar and District Basketball Competition will be held on Friday the 16th of August 2019 at the Churchill Leisure Centre. Your child has chosen to participate in this event.

All children should wear basketball shorts, or other navy or black shorts that are comfortable for running in. Children will need to bring their lunch, snack, and a full water bottle. Students will be given school jackets on the day to wear.

Please fill in the form below and return it to school by **Monday the 12th of August**. We will be travelling by bus, sharing with Yinnar Primary school, at a cost of **\$7.80** per student. We have the expectation that **all** students will travel by bus, as this is a team event and to keep costs down. We will leave Boolarra at 8.45 a.m. and return to school at approximately 12.45p.m.

We will require parent assistance on the day but unfortunately, there will be no room on the bus. We are particularly in need of people who are able to umpire basketball games. If you are available to help and hold a Working with Children's Check, please complete the note below. If you have previously provided this to the school, and your details are still correct, you do not need to do this again.

Thank you,
Tina Larrad
Sports Co-ordinator

Permission Note – Yinnar and District Soccer (Friday 16th August, 2019)

I give permission for my child _____ to travel by bus to Churchill Leisure Centre, to participate in the Yinnar and District Sports Association Basketball event to be held on Friday the 16th of August, 2019. In the event of an accident, I consent where it is impracticable to communicate with me, to my child receiving such surgical or medical treatment as may be deemed necessary by a medical practitioner.

I _____ am able / unable to assist with umpiring on the day.

I _____ am able / unable to assist with supervision on the day.

I have a current Working with Children's Check.

I have enclosed **\$7.80** payment for my child's bus transportation

Signed _____ Date _____