



## 📄 Online Form - Years 3-6 School Sport

<b>Activity Name:</b>	Years 3-6 School Sport
<b>Date/Time:</b>	Friday 22 March 2024 8:55pm - Friday 20 December 2024 2:55pm
<b>Description:</b>	<p>As part of ongoing physical activity to support the PDHPE curriculum at Jordan Springs Public School, students in Years 3-6 will be participating in regular school sport activities at Jordan Springs Village Oval (including the netball and basketball courts).</p> <p>The use of Jordan Springs Community Oval will allow all Years 3-6 students to participate in appropriate sporting activities and work with peers across the grades. This will include:</p> <ul style="list-style-type: none"><li>- Regular school sport for students in Years 3-6 from 10:30am – 12:30pm on Fridays.</li><li>- Physical activity at any time on any day between 8:55am and 2:55pm.</li><li>- Sporting trials and school competitions / carnivals.</li></ul> <p>Students will walk to and from the oval with supervising teachers.</p> <p>In providing permission you are acknowledging:</p> <ul style="list-style-type: none"><li>- Your child will walk to Jordan Springs Village Oval accompanied by teachers.</li><li>- You are giving permission for any day between 8:55am to 2:55pm.</li><li>- Your child will be participating in regular sporting activities at the oval.</li><li>- Permission is granted for all of the 2024 school year.</li></ul>
<b>Venue:</b>	Jordan Springs Village Oval (2995 Greenwood Parkway Jordan Springs)

<b>Transport:</b>	Walking to and from venue.
<b>Dress Code:</b>	Full school uniform including hat.
<b>Food:</b>	Students are to bring their own water bottle.
<b>Additional Information:</b>	Responsible behaviour is expected throughout the duration of the excursion.

\* indicates a required field

I have read the above details and give consent for my child, to attend the Years 3-6 School Sport \*

Yes  No

**Student Name:**

**Parent/Carer Name: \***

**Parent/Carer Phone Number: \***

**Emergency Contact Name: \***

**Emergency Contact Phone Number: \***

**Medical Conditions (including any medication required):**

**Dietary Requirements:**

**Parent/Carer Signature: \***

