



Tuesday, August 10, 2021

UPDATE: Eden Area Gymnastics – Term 3 Sporting Schools Gymnastic Program 2021

Dear Parents and Carers,

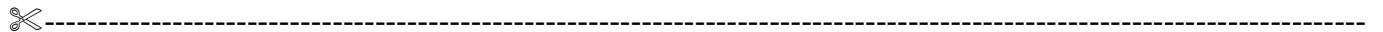
This term, all Merimbula Public School Students (K-6) will be taking part in a gymnastics lesson run by Eden Area Gymnastics at Pambula. Lessons will be held between Weeks 4 – 8. This will address the Gymnastics Outcomes in our Physical Education Syllabus, as well as, be a fun way for students to develop their physical education, balance and movement skills, mental health and wellbeing.

***Please note: This original note had the correct week but incorrect date for the classes below. Please complete the below the permission slip with the amended date and return this permission form before Friday, 13th, August.**

Week	Date/Time	Class 1	Class 2
7	23/8 Monday 12-2	1M	N/A
7	26/8 Thursday 9:30-11:30 & 12-2:20	KS & ½ KB	2B & 2S
7	27/8 Friday 11.30-2.20	5C	N/A
8	30/8 Monday 11:30-2:30	6P	N/A
8	31/8 Tuesday 11-2	3D	N/A
8	3/9 Friday 11.30-2.20	5M	N/A

Sincerely,
Mr Ben Kirk
Gymnastics Coordinator

Ms Michelle Hulme
Principal



Term 3 Sporting Schools Gymnastics Program 2021 - Permission due before Friday, August 13

Dear Mr Kirk and Ms Hulme,

I give permission for my child _____ of class _____ to attend the gymnastics program, held at Eden Area Gymnastics in Pambula, during Term 3 2021 (on the date specified in this note that his/her class is attending). I also give permission for my child to attend at one of the alternate dates as mentioned in the note, should he/she be away from the school on their gymnastics day (due to representing the school or due to illness, should there be availability of space and a suitable age group for them to attend with). **Note: Please contact the school if you require financial assistance.*

I understand that my child MUST take a labelled water bottle and have an up to date Action Plan/in date medication at school should he/she have asthma or anaphylaxis.

I understand that gymnastics is a part of the curriculum and that it is expected that my child attend.

My child has a medical condition that you need to be aware of / may impair their participation in this program (please circle): **Yes / No**

Details: _____

Parent / Carer Name: _____ Signed: _____

Contact Ph: _____ Date: _____

