

Hoop Time – Year 5-6

Positivity, Persistence, Pride, Passion

239 Pearcedale Road, Cranbourne South VIC 3977 Tel: 9782 2999

Email: cranbourne.south.ps@edumail.vic.gov.au Website: http://www.cranbournesouth.vic.edu.au/



Dear Parents,

As part of the Physical Education and Sport Education curriculum, students will participate in the 2018 Hoop Time Basketball Competition. All students will have spent four weeks working on specific skills required to experience success on the day during Physical Education classes.

Basketball Victoria organises Hoop Time, which is a series of one day round-robin competitions, held at local stadiums around Victoria. The program offers children in Years 5 and 6 the opportunity to play in a fun competition with qualified referees against other teams of an appropriate level. The program culminates at the end of the year with regional finals and a state grand final.

Our Year 5 and 6 teams will be playing at the Casey Complex (65 Berwick-Cranbourne Rd, Cranbourne East VIC 3977) on Tuesday, 21 August 2018.

Buses will depart school at 9.00am and return at approximately 3.00pm. Students are asked to wear a school basketball shirt, shorts/bike pants (no pockets), appropriate footwear and also to bring a school jumper. Students will be required to bring their own lunch and adequate snacks and drinks for the day. Teams will play a minimum of three games during the day with finals if they are successful.

The cost per student is **\$15**. This includes team entry fees, court hire, qualified referees and bus transport to and from the venue. Parents are encouraged to come along and support the students.

Please complete reply slip and return to school with payment by **Friday, 17 August 2018**.

Regards,
TAT STANLEY
Physical Vibe Teacher
Wednesday, 1 August 2018



PLEASE RETURN BY Friday, 17 August 2018
HOOP TIME – Year 5-6

I give permission for Class:
to participate in **Hoop Time at the Casey Complex, Cranbourne**.

Please indicate method of deposit payment:

- QKR \$15** (preferred payment method) **Cash \$15** **EFT \$15** **CSEF \$15**

Additional Medication Information:

Details of current medications NOT kept at school that may be needed on the day (Eg. travel sickness medication).

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Medications must be given to the classroom teacher with a Medication Authority Form (PINK Available from the office). The medication will be returned to you at the end of the day.

In the event of illness or injury to my child whilst on this excursion, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, and to administer such first aid as the principal or staff member may judge to be reasonably necessary.

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| IMPORTANT: Do you or a nominated person intend to collect your child from the above named venue prior to your child returning to school? | YES <input type="checkbox"/> | If YES, please provide the details of the person to whom you give permission to collect your child. |
| | If 'no' please disregard this section. | Name Relationship |
| | | Contact details: |

During the times of the excursion, my telephone contact is:

.....
Print Name of Parent/Guardian

.....
Signature of Parent/Guardian

.....
Date