



Hoop Time - Year 3 & 4

We are pleased to announce that your child has been selected to represent the school at Senior Hoop Time.

Date:	Wednesday, 24 August 2022
Venue:	Casey Stadium, 65 Berwick-Cranbourne Rd, Cranbourne East VIC 3977
Time:	Games commence at 9.15am Games conclude at approx. 2.45pm. All students need to be at the venue at 9am sharp. .
Event Information:	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 Yr 3 & Yr 4 the opportunity to play in a district competition with qualified referees against other teams of an appropriate level.
Cost:	\$11.43 paid via QKR (includes team entry fees, court hire and qualified referees)
Permission to attend:	Permission to attend must be received via QKR by Wednesday, 10 August 2022
Transport:	Parents/carers are required to provide transport for their child on this day. If you require any assistance with this please indicate on the form below.
What to wear:	<ul style="list-style-type: none">• Black Shorts/Bike pants (with no pockets)• Green School Polo (School Basketball top will be provided)• Suitable footwear (runners)
What to bring:	School jumper, fruit, snacks, lunch and water bottle(s).

DANIELLE CURTOIS**Physical Vibe**

Wednesday, 20 July 2022

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PLEASE RETURN BY Wednesday, 10 August 2022

Hoop Time - Year 3 & 4, Casey Stadium

I give permission for my child: _____ Class: _____
to participate in **Hoop Time - Year 3 & 4** on **Wednesday, 24 August 2022**.

- I will provide transport for my child to and from the venue.
- I am willing to provide transport for other students. My contact details are: (This information will be provided to other parent)

Mobile/Ph: _____

- I am unable to transport my child but I am happy for another parent to do so and I understand that this is a private arrangement between the parents concerned.

If you tick this box, we will send you the names and phone numbers of parents who have agreed to transport other students to this event.

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.

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

Print Name of Parent/Guardian_____
Signature of Parent/Guardian_____
Date