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7th June 2018

Winter Lightning Premiership

Dear Parents/Guardians,

The annual Winter Lightning Premiership is on Wednesday March 28 at venues across the peninsula. Your child is representing Eastbourne PS in one of the sports listed below.

- Date:** Wednesday June 20 (Week 10)
Time: 9am to approx. 2.00pm - arrive at school by 8.45 am
Transport: Bus required for Football (Red Hill Ovals), Soccer (Boys-Trueman's Rd, Tootgarook, Girls-Tootgarook PS) and Netball (Trueman's Rd, Tootgarook) and Hot shots Tennis (Rosebud Tennis Club).
Teeball and Hussy's Handball are at Eastbourne PS.

Cost:

Football - \$5 (bus to and from Red Hill Ovals)	Hussy's Handball - \$2 (at EPS)	Teeball - \$2 (at EPS)
Hot Shots Tennis - \$5 (bus to and from Rosebud Tennis Club)	Soccer - \$5 (bus to and from Trueman's Rd-Boys, Tootgarook Primary School-Girls)	Netball - \$5 (bus to and from Trueman's Rd, Tootgarook)

- Each student should be prepared for these activities with sports shoes/runners.
- Sunscreen is recommended.
- Please bring lunch/snacks and plenty of water.
- Students should also be prepared with medical considerations – asthma puffers, epipens etc if they are necessary.
- Please return the permission note and money to your classroom teacher ASAP (**Please return on time!**)
- Some sports will have school sports shirts to compete in but everyone needs to be in normal uniform.
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Looking forward to a memorable day!

Thanks

Dean Hornsby

Eastbourne Winter Lightning Premiership 2018 - PERMISSION FORM

I give permission for my child _____ Room No. _____ to attend the annual Winter Lightning Premiership on Wednesday June 20 at one of the venues listed above. (or the alternative date if the weather is severe *)

When The Teacher in Charge of the activity is unable to contact me, or it is otherwise impracticable to contact me, I authorize the teacher in charge to:-

- Consent to my child receiving any such medical, dental or surgical treatment as may be deemed necessary by a medical practitioner;
- Administer such first aid as the teacher in charge may judge to be reasonably necessary
- And I agree to meet any cost incurred for ambulance service should it be required.

Please indicate if your child suffers from either or both of the following:-

Asthma **Epipen**

Please indicate below if any special care or precautions are needed in the event of your child suffering an asthma or epilepsy attack whilst participating in the excursion. If your child needs to take medication, please make sure the medication and clear instructions for dosage are given to your child's class teacher.

Signed _____ Date _____
(Parent/Guardian)

Emergency telephone contact name and number for the day of the excursion:

Contact person's name: _____ **Phone number** _____