

Hookin2Hockey

Dear Parent/ Carers,

This term Sutherland Dianella Primary School will be offering a weekly after school Hockey program for **Year 3-6** students.

Hookin2Hockey is Hockey Australia's national junior program designed for boys and girls. Hookin2Hockey provides participants with the opportunity to learn the basic skills of hockey, develop fundamental motor skills and make friends all while beginning their lifelong love of hockey! This program has been developed to give children a fun environment to learn the game of hockey and perfect the skills in a modified game-based environment.

The program will run for six weeks on **Thursday afternoons** from **3.15 – 4.15pm**. The **first session will be on Thursday Week 7 (31 August 2017)**, and the final session in **term 4 on 19 October 2017**.

If your child is interested in participating in the after school hockey program please fill out the slip below and return it by **Wednesday 30 August**. There is **no cost** involved, however there are only **30 places available**.

If you have any queries regarding the information above please do not hesitate to contact me via email at Benjamin.matheson@education.wa.edu.au

Regards

Mr Matheson
Physical Education Specialist
Sutherland Dianella PS

Thursday 24 August 2017

Sutherland Dianella Primary School

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MEDICAL INFORMATION AND CONSENT

Please complete the following information **relating to your child's participation** in this excursion. Tick if relevant:

Allergies Medication required

Allergy to: _____

Medication name & dose:

Asthma Medication required

Medication name & dose:

Other condition Other medication required

Medication name & dose:

MEDICATION AND CLEAR INSTRUCTIONS MUST BE HANDED TO THE TEACHER PRIOR TO THE EXCURSION.

Permission Slip to Attend

Hookin2Hockey

I have read and understood the attached information regarding the Hookin2Hockey program and I give my consent for my child.....Room to participate.

Where it is not practical to communicate with me, I authorise the teacher in charge of the incursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed.....Date.....
(Parent/Guardian)

Daytime Contact.....Mobile.....

Please complete and return by Wednesday 30 August 2017