

8th August, 2019

Dear Parents,

Region Tee- Ball Sport Finals 2019

Congratulations your child has been selected to represent Thomas Mitchell Primary School at the Regional Tee-Ball Sport Finals.

The competition will take place on **Wednesday 14th August** at Mornington Baseball Club, Wilsons Rd Deserve, and Mornington. The bus will be leaving Thomas Mitchell Primary School at 8:00am sharp and returning at approximately 3.00 pm. **Please arrive at school at 7:45am.**

Students are to come to school dressed in school uniform. Students will need a packed lunch, drinks and a change of clothing, eg. Tracksuit over running clothes (school t-shirt or polo shirt and shorts), a change of shoes and a plastic bag. Soccer/football boots is highly recommended.

The teacher attending the excursion will be Mr Ben Stanford

Please return the permission slip to school by **Friday 9th August with \$20.00 for bus fare.**

To ensure accurate recording of money sent to school, it is most important that the attached specially printed envelope be used and correctly completed. Please send only correct money to school, as we are unable to give change.

Yours sincerely,

Olivia Goder
Sports Coordinator

John Hurley
Principal

THOMAS MITCHELL PRIMARY SCHOOL – Region Tee-Ball Sport Finals 2019

I give permission for my child in class to participate in the Region Tee-Ball Sport Finals , on Wednesday 14th August at Mornington Baseball Club, Wilsons Rd Deserve, and Mornington. I understand the students will be travelling by bus at a cost **of \$20.00.**

I enclose \$20.00 to cover the cost of my child’s participation in this event

I understand that if I am an observer of the event, and intend to take photos/digital images, they will be only of my child, and not contain other children. Photos and digital images are considered personal information and governed by the Privacy Act in relation to the event. In consideration of this, I will not upload any images to social media of any student other than my own.

I hereby authorise the teacher in charge of this event, to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

My child has the following medical condition:
and requires the following medication to be administered during this activity:
..... (a medication form has been completed and submitted to school).

Contact for day of excursion: Phone for day of excursion:

Signed: Signed: Dated: