# Sporting Schools

Sporting Schools is a national program available to all Australian primary schools. It aims to engage more children in more sport based activity within schools and then convert their interest into club based settings.

It will help children foster a lifelong interest in sport, gain a healthier mind and body, have fun and learn sport activities and games in a safe environment.

Sporting Schools is based on the [*Playing for Life*](https://www.sportingschools.gov.au/About/Playing-For-Life) philosophy which encourages children to have fun by focusing on skills not drills. Sport is known for its immense benefits to the development and wellbeing of children and young people. Sport not only benefits children’s physical health but plays a role in developing confidence, social skills and emotional wellbeing. By focusing on having fun, having a go and getting active, Sporting Schools will provide children with positive sporting experiences to help develop a lifelong interest in sport.

# The after school sport’s program will recommence here at SSPS on Thursday 9th May and run for 6 weeks, finishing on the 13th June. We will be focusing on winter sports including netball, football, soccer and basketball.

# To register for the Thursday program, please complete the accompanying reply slip.

**Sporting Schools Registration**

**Permission Note**

**Term 1 2019 – Winter Sports - Thursday 3.30-4.30pm**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taking part

in the Sporting Schools program being held at Syndal South Primary School on Thursday after school. I also consent that where the teacher in charge of the program is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

* Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
* Administer such first-aid as the teacher in charge may judge to be necessary.

My contact number on Thursday afternoon is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_