**ACACIA CAMPUS EXTRA-CURRICULAR ACTIVITY**

**Basketball Club TERM TWO 2022**

Dear Parent/Guardian,

Government schools across Australia have been able to access extra funding from the Australian Government as part of Active Schools. Our College has been lucky enough to receive funds so that we can offer a program this term to increase student participation in extra-curricular physical activity programs. We have also received Boost extra curricular program funding to help provide this free activity option. The program has been running through Term one and will be continuing.

The Acacia Campus will run **BASKETBALL for Year 7 – -12 students** after school, in the Gymnasium and on the adjacent courts on the for from 3.30 to 4.30pm on the following days and dates and it is for free.

**Starting Monday 2nd May through to Monday 20th June**

At this stage, we are limited to having only 45 participants, so it is essential that we have students who are interested in playing and improving their Basketball, and can commit their time to attend every session.

There will be 2 external coaches conducting the sessions.

*Please note: COVIDsafe measures will be implemented such as, but not limited to: Mask wearing where appropriate, physical distancing, use of air purifiers and regular hand hygiene. We encourage students to undertake regular rapid antigen testing as per Department of Education recommendations.*

Your son/daughter has expressed an interest in participating in this program. If you are happy for them to attend, can you please sign the consent form below and return it to the FRONT OFFICE for Ms Pavlou by Friday 28th April.

Sincerely yours,

**Judy Pavlou** |**HPE Learning Area Leader**

**Keysborough SC – Acacia Campus**

9798 1877

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Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Code \_\_\_\_\_\_\_\_\_\_

Activity: **Basketball Program**  Date/s: 2nd May to 20th June **3.30 – 4.30 pm** Cost: **Free**

I give permission for my child/ward to participate in the above activity. I have read all of the above information provided by the school in relation to the above activity including any attached material*.* I agree that he/she will obey all rules and directions made or given before and during the activity. In the event of any illness or accident, I authorise the obtaining on my behalf of such medical assistance as my child/ward may require.

I acknowledge that during the excursion, acceptable standards of behaviour will be expected of the students. I understand that in the event of my son’s/daughter’s serious misbehaviour during the excursion, he/she may be sent home. I give consent to this activity with full knowledge of the COVIDsafe measures being implemented.

Parent / Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian’s Contact Number: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_