**ACACIA CAMPUS EXTRA-CURRICULAR ACTIVITY**

**TUESDAY GIRLS YEAR 7 – 12 NETBALL PROGRAM**

Dear Parent/Guardian,

Government schools across Victoria have been able to access extra funding from the Victorian Government as part of their ‘Active School Extracurricular Boost’ program. Our College has been lucky enough to receive funds so that we can offer some programs to increase student participation in extra-curricular physical activity programs.

One of the programs that the Acacia Campus will run will be for Year 7 – 12 Girls Netball. It will run every Tuesday after school, in the Gymnasium from 3.30 to 4.30pm and it is for free.

At this stage, we are limited to having only 50 participants, so it is essential that we have students who are interested in playing and improving their netball, and can commit their time to attend every Tuesday.

The program will be run by Martha Langham, coach of the Dandenong District Representative Netball Program, along with another coach.

*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 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 Ms Pavlou by Friday 11th February.

Sincerely yours,

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

**Keysborough SC – Acacia Campus**

9798 1877

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

Activity: **Tuesday** **Netball Program** Date/s: **Every Tuesday 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_