



## Lyneham Primary School

Preschool to Year 6  
Tennis Program 2017

17 March 2017

Dear Parents and Carers of Year 3/4G,

We are in a position to again offer students in Year 3/4 the opportunity to participate in a tennis program with certified coaches at the cost of \$10.00 per student. The class will participate in an eight week block of lessons (dependent on weather). This year the coach, Daniel Schofield, will be running the program from the O'Connor Tennis Courts (just up the road from the school opposite the O'Connor Wetlands). This will involve the children walking to the courts each Tuesday with their classroom teacher and parent helpers. Transit time is approximately ten minutes to and from the venue and students will participate in a 45 minute lesson upon arrival.

<b>Date</b>	Each Tuesday for an 8 week period (commencing 4/4/17)
<b>Venue</b>	O'Connor Tennis Centre (Banksia St, O'Connor)
<b>Departure time</b>	9.15 am (for a 9.30 start)
<b>Return Time</b>	10.30 am
<b>Transport</b>	Walking
<b>Supervising Staff</b>	Gerard + parent helpers
<b>Financial Contribution</b>	<b>\$10.00</b>
<b>What to bring</b>	School Uniform, joggers, hat, sunscreen and water bottle. Tennis equipment will be provided for all students (Children are welcome to bring their own tennis racquet however).

**PLEASE RETURN THE PERMISSION SLIP AND FINANCIAL CONTRIBUTION TO THE FRONT OFFICE BY  
NO LATER THAN**

**Friday 31<sup>st</sup> March 2017**

*"Staff accompanying students on excursion will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property, which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour."*

Please note: It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this activity. These contributions are voluntary. Individual records of contributions are confidential. The school has made every effort to keep the costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If you require financial assistance please do not hesitate to contact Annamaria.

Yours sincerely,

Ben Roberts and Gerard

Email: [info@lynehamps.act.edu.au](mailto:info@lynehamps.act.edu.au) Phone: 6205 6511 [www.lynehamps.act.edu.au](http://www.lynehamps.act.edu.au)

Fax: 6205 6510

Afters 62056514



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## Year 3/4 Tennis Program

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to participate in the Year 3/4 tennis program on Tuesdays during Term 1 and 2, 2017. I understand that my child will be walking to and from the venue. I agree to my child taking part in the activities associated with this excursion.

Does your child have any medical conditions or medication requirements that we should be aware of?

Yes  No

If yes, please provide details:

\_\_\_\_\_

I have read the attached information regarding this excursion and understand what it contains.

Parent/ Carer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I enclose the financial contribution of \$10.00 by the following method:

- cash
- credit card (please complete details on slip below)
- by EFT – date of transfer

**Account Name:** Lyneham Primary School    **BSB:** 032-777    **Account Number:** 001543  
**Reference:** Tennis Program and student name

### Credit Card Payment Details

Please complete the detail below to authorise payment for:

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Card Type:  Visa  Mastercard

Card Number:

Expiry Date: \_\_\_/\_\_\_ CVV Number: \_\_\_ \_\_\_ \_\_\_

Amount: \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

X-----

### Parent Helpers

I am able to assist with walking students to and from the venue

Parent Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_



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