

Term 1, 2019 – Footsteps Dance Program K-6

Monday, 4 February

Dear Parents / Carers,

Throughout Term 1, commencing Week 3 on Friday 15 February, all students in years K – 6 will be participating in the Footsteps dance program. Based upon the requirements of the Kindergarten to Year 6 PDHPE curriculum, this 10 session program will follow several content strands whilst also contributing specifically to the development of students’:

- Confidence
- Fitness
- Creativity
- Risk-taking
- Coordination
- Self-esteem
- Social skills

The total cost of this 10 session dance program is \$30.Sessions:

1. Friday 15 February (Week 3)
2. Friday 22 February (Week 4)
3. Friday 1 March (Week 5)
4. Friday 8 March (Week 6)
5. Friday 15 March (Week 7)
6. Friday 22 March (Week 8)
7. Friday 29 March (Week 9)
8. Friday 5 April (Week 10)
9. Monday 8 April (Week 11)
10. Friday 9 April (Week 11)

You will need to complete:**the permission note AND the medical insurance note.****Complete both sides of the following form and return to the front office.****All forms and payment are due by Thursday, 14 February (Term 1, Week 3).**

Kind regards,

Annabel Yau & Nancy Ferguson
Sport Coordinators

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Term 1, 2019 – Footsteps Dance Program K-6 – Permission Note

I give permission for my child _____ of class _____

to participate in the Footsteps dance program, to be conducted at Balmain Public School during Term 1, 2019 for 10 sessions.

I understand that if my child is absent for a session, the money cannot be refunded.

The total cost is **\$30**.

Parent / Carer signature: _____ Date: _____

Payment Options

- **Online via Skoolbag - Credit card payment** – Visa or Mastercard – tap on ‘Make a Payment’ in Skoolbag.
- **Cash** – in labelled envelope – placed in the payment box near the front office.
- **Cheque** – made out to ‘Balmain Public School’ - in labelled envelope – placed in the payment box near the front office.

Term 1, 2019 – Footsteps Dance Program K-6 – Payment Slip

Student Name _____ Class _____

Payment online receipt number _____ Amount paid online \$ _____

Cash or cheque amount enclosed \$ _____ (to be put in the office payment box)

Permission note: Emailed or Returned to the office (please circle one)

Parent / Carer signature _____ Date _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN THE WHOLE FORM TO THE OFFICE PAYMENT BOX.

Term 1, 2019 – Footsteps Dance Program K-6 – Medical Insurance Note

Information about Medical Insurance should be read and signed to ensure your child is able to take part in this event.

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education and Communities for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, area and state school sport associations when deciding whether additional insurance cover is required.

Personal accident insurance cover is available through normal retail insurance outlets. Parents who have private ambulance cover also may want to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate. The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty of the use of some prescribed part of the body. Further information can be obtained from www.sportinginjuries.com.au

Further information regarding student accident insurance and private health cover is provided at: <http://www.sports.det.nsw.edu.au/spguide/activities/general/resources/protection.php#medi>

Please read the declaration below and return the signed slip for your child to participate in gymnastics.

Regards,

Maria Lambos - Principal

Term 1, 2019 – Footsteps Dance Program K-6 – Medical Insurance Note**Parent / Carer's Declaration:**

- I have read the information issued and I hereby consent to my child _____ participating in this sport.
- In the event of an accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- To assist management of Footsteps and to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this sport activity.

Parent / Carer Signature: _____ **Date:** _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN THE WHOLE FORM TO THE OFFICE PAYMENT BOX.