



Belmay Primary School  
WE CHOOSE RESPECT

Dear Parent/Caregiver,

## REDCLIFFE FOOTBALL CLUB AFTER SCHOOL CLINICS AT BELMAY



In 2019 coaches from the Redcliffe Junior Football Club conducted a successful clinic for boys and girls at Belmay for Years 1 – 6 students. This year they have offered to conduct three. The dates for these are Thursday 27<sup>th</sup> Feb; 5<sup>th</sup> and 12<sup>th</sup> March. The start time is 2.40pm and each session concludes at 3.30pm. All participants will move from class to the Drama Room. It may be a good idea to pack a small snack to be eaten before the clinic commences. I will be in attendance from 2.30pm until the conclusion. Parents are welcome to stay. The children will work in two groups – Years 1 to 3 and 4 to 6. The sessions will be run in the Junior grassed areas.

**Please return the permission slips to me by Wednesday 26<sup>th</sup> February.**

GRAHAM BAXTER

17<sup>th</sup> February 2020



CHILD'S NAME: \_\_\_\_\_ YEAR: \_\_\_\_\_ ROOM: \_\_\_\_\_



- I give permission to participate in the Redcliffe Football Club Clinics being held at Belmay between 2.30pm and 3.30pm on the following dates: Thursday 27<sup>th</sup> Feb; 5<sup>th</sup> and 12<sup>th</sup> March 2020.
- I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of this excursion.
- I acknowledge that, should it be necessary, school staff will arrange to present my child for medical assessment.
- I have read and understood the information regarding the excursion and give permission for my child to participate.

**NOTE: If you have not completed a MEDICAL DETAILS form or the details have changed, a new form MUST be completed before your son or daughter can attend.**

I am able to assist with activities if required. YES [ ] NO [ ]

At the conclusion of each Clinic my child will walk home [ ] be riding home [ ] be collected by me [ ]

Parent's/Caregiver's Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_