

10 September 2024

mw:lw

**AIRBORNE GYMNASTICS
YEAR 7 AND YEAR 8**

Dear Parent/Carer

Your child has expressed an interest to participate in our gymnastics day at Airborne Gymnastics in Wagga Wagga on **Thursday 19 September 2024**, which is funded by Sporting Schools Australia.

They will participate in and learn a variety of gymnastic movements in a safe supervised area.

The cost for this excursion is \$10.00 for travel by Goode's Coaches and Ms Beattie and Mr Kass will be the supervising teachers. To participate, your child needs to return the signed permission note and payment by **Friday 13 September 2024**.

Students will be leaving at 8.30 am and arriving back by 3.30 pm.

The parents of students who misbehave will be contacted to come and collect their child from Airborne Gymnastics in Wagga Wagga.

Students must bring their own food, and water, as there will not be any opportunity to purchase food or drinks on the day.

Students are to be in full school sports uniform, they may bring tights to change into at the venue.

Yours sincerely

Michelle Wainwright
Principal

Please complete and return by Friday 13 September 2024

**BATLOW TECHNOLOGY SCHOOL
PERMISSION NOTE
AIRBORNE GYMNASTICS
YEAR 7 AND YEAR 8**

I give permission for my child _____ in Year _____ to attend the day at Airborne Gymnastics in Wagga Wagga on **Thursday 19 September 2024**.

- I have enclosed \$10.00 payment.
- The parents of students who misbehave will be contacted to come and collect their child from Airborne Gymnastics in Wagga Wagga.***
- I understand my child will be travelling to Airborne Gymnastics in Goode's Coaches. Supervised by Ms Beattie and Mr Kass.
- I have made payment online via the School Bytes portal (accessed via Batlow Technology School website 'Make a Payment' tab). <https://batlow-c.schools.nsw.gov.au/>
- My child has the following medical conditions Yes No Please state: _____

- I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Signature: _____ Date: _____
(Parent/Carer)