



Coolamon Central School

Principal: Mr John Beer
Deputy Principal: Mr Kingsley Ireland

Caring is Central

15 June 2018

Dear Parents and Caregivers

Little Champions Gymnastics

Purpose:	The program encourages students from K-6 to participate in weekly physical activity designed to teach and develop students' skills and coordination in Gymnastics. Little Champions is a Wagga Wagga based mobile gymnastics and circus coaching initiative. It aims to provide a portable coaching service that is in line with the PDHPE (Person Development Health and Physical Education) syllabus and covers all DMP's (Dominant movement patterns). They provide all of their own equipment and staff for the program. By providing coaching in both gymnastics and circus, the program not only covers gross motor development with the gymnastic component but also fine motor development with a circus aspect being utilised in the lessons. The program consists of structured lessons covering both gymnastics and a different circus apparatus each week.				
Venue:	School Hall				
Date: Term 3	Wednesday Weekly Weeks 3 - 10	Commences:	8 August 18	Concludes:	26 September 18
Supervision:	Classroom Teachers				
Cost: \$35.00 Due by: 6.7.18 (week 10)	The \$35.00 covers eight 45 minute specialised gymnastics sessions which equates to (\$4.40 approx. per session). Please note: If your child is absent for a session you will not be reimbursed as we pay prior to the program commencing.				
Requirements:	Sports uniform to be worn on Wednesday during Term 3.				

If you are happy for your child to participate in this event, please complete the permission note below and return it to the school office with any applicable payment.

Annette Taylor
Sports Coordinator

John Beer
Principal

Little Champions Gymnastics

Fee ID: 333692

I give permission for my son or daughter _____ in Class/Dear _____
(e.g. Primary 5/6 Topaz, Secondary Dear 1) to attend the event, and agree to the details below:

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Requirements:	Sports uniform to be worn a Wednesday during Term 3.				
Parent Phone:					
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> EFTPOS <input type="checkbox"/> POP			POP Receipt No:	

- ☐ I consent to my child being photographed/filmed in relation to this activity, to be used for promotional purposes.
☐ I give permission for Coolamon Central School staff to seek medical attention for my child if necessary.

Current Medical conditions if any _____

Parent/Carer phone contact for this day: Name: _____ Phone: _____

Signed: _____ Date: _____
(Parent/Caregiver)

A quality school in which students are nurtured and their potential realised.

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