Dear Parents,

Your child is a member of the Lysterfield All Star Girls Hoop Time Team, which, due to their success at the recent Hoop Time Round Robin, has made it through to the Regional Finals. Please read the following details regarding the activity, and sign and return the permission slip with payment by the designated date.

Please note: Your child will only be able to participate if we receive a signed permission form by the due date. Phone permission is not acceptable.

**Hoop Time Regional Finals – Monday October 24 2016**

The Hoop Time Regional Finals will be played at the State Basketball Centre in Wantirna South on Monday October 24 2016. The girls will be playing at least four games.

Linda Shelton and Leanne Taylor, who coached the team at both the Hoop Time Round Robin and District Basketball Day, have again kindly agreed to coach and transport the team. Students will need to be at school by 8:45am, to leave by 8:50am. It is expected that they will be back at school by 3:00pm.

The cost for this day ($10.00) covers the fee for hiring the venue and umpires for the day. It is not included in the excursion levy.

<table>
<thead>
<tr>
<th>Students involved:</th>
<th>Senior All Star Girls (7 students)</th>
<th>Date of excursion:</th>
<th>Monday October 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of departure:</td>
<td>8:50am</td>
<td>Return to school:</td>
<td>3:00pm</td>
</tr>
<tr>
<td>Travel arrangements:</td>
<td>Private vehicles</td>
<td>Cost per child:</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

Signed:................................................. Signed:.................................................

Alastair Herrmann
(Senior School Teacher)

Julie Morris
(Acting Principal)

-----------------------------------------------------------------------------

**CONSENT TO MEDICAL ATTENTION**

Where one of the parents in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise one of the parents in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner;
- Administer such first aid as one of the parents in charge may judge to be reasonably necessary.

(Parents of asthmatic children should ensure that they have all necessary medication with them.)

Emergency contact phone number on the day: ............................................ Name: ........................

Parent/Guardian signature: ........................................................................ Date: ........................

Cost of excursion: $10.00

☐ I enclose $10.00

☐ I wish to have my CSEF funds allocated to this activity