



March 29, 2018

Dear Parent / Caregiver,

Please sign and return the permission slip at the bottom of this page **to your child's classroom teacher (not to the office).**

As part of the PDHPE program, students will be participating in a gymnastics program at school in Term 2. Qualified instructors from TriSkills will be providing the equipment to deliver the program which will teach student's skills of balance, jump and turn, rotations & safe landings.

Students in grades **Kindergarten to grade 2 will participate every Friday**. Students in **grades 3 to 6 will participate every Monday** for 40 minute lessons over 8 weeks.

TriSkills GYMNASTICS PROGRAM

DATES: Term 2, 2018 – over 8 weeks
PARTICIPANTS: Kindergarten to Year 6
COST: \$38.00 (which you will be invoice for via email)
PAYMENT DUE: Friday, April 13, 2018
PAYMENT OPTIONS: POP or cash (CHEQUES NO LONGER ACCEPTED)

Mr. Sean Maloney
Sports Coordinator

SAVE THIS PORTION OF THE NOTE FOR YOUR REFERENCE



TriSkills GYMNASTICS PROGRAM

I give permission for my child _____ in class _____
to participate in the **TriSkills GYMNASTICS PROGRAM** during **Term 2, 2018**.

Parent/Caregiver's Signature: _____

Date: _____