

Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 9364 1792 Fax: 08 9316 3207

Email: applecross.ps@education.wa.edu.au

www.applecrossps.wa.edu.au

Dear Parents/Caregivers,

**MDISSA Eagles Cup Year 6 Term 2 Interschool Competition**

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| --- | --- | --- | --- |
| **Fixture** | **Date** | **Time** | **Location** |
| Ardross (Home) | 10/05/19 | 1pm – 3pm | Ardross PS & Applecross PS |
| Melville (Away) | 24/05/19 | 1pm – 3pm | Melville PS & Applecross PS |
| Winthrop (Away) | 31/05/19 | 1pm – 3pm | Applecross PS & Winthrop PS |
| Mount Pleasant (Home) | 07/06/19 | 1pm – 3pm | Applecross PS & Mount Pleasant PS |
| East Fremantle (Away) | 14/06/19 | 1pm – 3pm | Applecross PS & East Fremantle PS |
| Palmyra (Home) | 21/06/19 | 1pm – 3pm | Palmyra PS & Applecross PS |

On Friday afternoons in Term 2 the Applecross Primary Year 6 students will compete in a round robin tournament against six other schools from MDISSA. Students have chosen a sport to participate in being AFL, Soccer or Netball. Due to the high number of teams involved, the games whether they are home or away, will be held at both schools with the home team hosting the majority of the games. Students have chosen which sport they would like to participate in and trials will be held in the first week of Term 2 to place them in the appropriate team within their sport.

The attached form will cover the permission for your child to attend all fixtures for the home and away season. **The Parent Permission and Payment Form must be filled out completely, signed and returned to the locked box in the front office by Friday 3 May. In the event that these forms are not returned, your child will not be able to participate in the MDISSA Eagles Cup**. If any contact or medical details have changed, please contact the school office to update this information..

The cost of the MDISSA Eagles Cup home and away season has been calculated to include bus fares and the hire of Gairloch Reserve. The total cost is $35.00.

In order for this competition to be able to run we require parent volunteers to help umpire the games and coach the teams. Please see the reverse of this letter for volunteers still required and contact myself on the email below if you are able to help out.

Good luck to all competitors!

Yours sincerely,

Mr Derek Rijnhart

Physical Education Specialist

29 April 2019

[Derek.rijnhart@education.wa.edu.au](mailto:Derek.rijnhart@education.wa.edu.au)

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**Parent Volunteers Needed**

**MDISSA Eagles Cup Competition 2019**

On Friday afternoons in Term 2 the Applecross Primary Year 6 students will compete in a round robin tournament against six other schools from MDISSA. Students have chosen a sport to participate in being AFL, Soccer or Netball.

In order for this competition to be able to run we require parent volunteers to help umpire the games and coach the teams. The coaches will need to be able to commit to attending most of the games during the competition. Ideally a pool of umpires would be great then I can make up a schedule and we can share the games out amongst the volunteers.

**Coaches:**

We require a coach for one soccer team and possibly up to two netball teams.

**Umpires:**

We require umpires for all three sports - AFL, Soccer and Netball.

Below are the fixtures for Applecross Primary. If you can help with either the coaching or umpiring please email myself at the email address below with dates you might be available.

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| --- | --- | --- | --- |
| Date (All Fridays) | School | Home or Away | Time |
| 10/05/19 | Ardross | Home | 1:30 – 2:45 |
| 24/05/19 | Melville | Away | 1:30 – 2:45 |
| 31/05/19 | Winthrop | Away | 1:30 – 2:45 |
| 07/06/19 | Mount Pleasant | Home | 1:30 – 2:45 |
| 14/06/19 | East Fremantle | Away | 1:30 – 2:45 |
| 21/06/18 | Palmyra | Home | 1:30 – 2:45 |

Yours sincerely,

Mr Derek Rijnhart

Physical Education Specialist

29 April 2019

[Derek.rijnhart@education.wa.edu.au](mailto:Derek.rijnhart@education.wa.edu.au)

**Parent Permission and Payment Form**

**MDISSA Eagles Cup Year 6**

**Where**:  **As per attached letter**

**When**: Term 2

**Time**: Departing at 1pm returning at approximately 3pm

The cost will be **$35.00** per student. **Please sign and return this permission slip together with correct money (if paying cash) to the front office before Friday 3 May 2019.**

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| I have read and understood the information regarding the excursions for MDISSA Eagles Cup in Term 2 and give consent for my child to attend the matches **travelling by bus.**  **Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed: (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. **Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child’s health and fitness so that appropriate supervision may be arranged.** Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

**PAYMENT OPTIONS** \*Cash

\*Credit Card ***-* Visa & Mastercard**

\*Cheque **-** payable to **‘Applecross Primary School’**

\* Direct Deposit **-** ANZ Booragoon **BSB 016-267 Account No 3408 67399 *(****Please use your child’s* ***Name*** *and* ***Room No*** *as* ***reference*** *and* ***email confirmation*** *of payment to*[***Applecross.ps@education.wa.edu.au***](mailto:Applecross.ps@education.wa.edu.au)***)***

**PLEASE COMPLETE ALL DETAILS:** Payment Type: Cheque Cash C Credit Card

Visa Mastercard

**CREDIT CARD NO: (PLEASE PRINT CLEARLY)**

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**EXPIRY DATE: (PLEASE PRINT CLEARLY)**

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**CARD HOLDER’S NAME CARD HOLDER’S SIGNATURE**