Dear Parent/Carer,

Your daughter/ward has elected to participate in the following sport program:

SPORT: Aerialize – Sydney Aerial Theatre Inc
LOCATION: 7-9 Close Street, Canterbury NSW 2193
WEB Site: http://aerialize.com.au
TIME: Wednesday afternoon
COST: $12 per session

Transport to and from the venue: Students will walk and return to the venue accompanied by a teacher. If a student would like permission to leave from the venue to make their own way home, a note is required from a parent/carer.

Uniform
All girls are required to wear full school sports uniform, which includes: school PE polo shirt, school PE shorts and appropriate sport footwear to school. At the centre they can wear tights.

Activities:
- Aerialize is the high flying aerial acrobatics company, specialising in activities including but not limited to swinging trapeze, spinning Spanish Web, Chinese Rubber Pole, dramatic Tissu, Rope drops, ground stilt walking, acrobatics and juggling.
- Refer to the Aerialize web site for further information on the nature of these activities.
- While, every effort is made to minimise the possibility of injury, there will remain some degree of inherent risks, dangers and hazards in participation of the activities.
- Aerialize requires a waiver of liability to be signed by a parent/carer before students can participate.

All students are to always display good manners and good sportsmanship both on and off school grounds.

Students must return the accompanying permission slip to the sports coordinator.

J. Delmas
Sport Coordinator
SPORT and TRAVEL PERMISSION NOTE 2015

Return to sports coordinator.

By signing the contract you acknowledge that you have read the information overleaf and agree for your daughter to participate in Aerialize on Wednesday during sport at a cost of $12 per session.

I give permission for my daughter or ward to enter and use the facilities to participate in the Aerialize program.

Consent to participate at Aerialize

Student's name: ___________________________ Year: ____________

Parent’s signature: ___________________________ Date: ____________

Parent’s name: ___________________________

Parent's Daytime Contact No.: ___________________________

Any medical conditions: ________________________________________
________________________________________________________________
________________________________________________________________

Consent to be dismissed from Aerialize venue

Permission to be dismissed from the venue at 7-9 Close Street, Canterbury NSW 2193

Yes or No _____

Parents signature: ___________________________ Date: ____________