



MATER MARIA CATHOLIC COLLEGE

COMMUNITY • FORMATION • SUCCESS

February 1, 2021

Dear Parents/Carers,

As part of your son's/ daughter's Activities program he/ she will be given the opportunity to participate in a variety of sporting and leisure activities. Qualified external specialists in their specialised field will present some of the activities. Some activities will be undertaken in the College grounds (oval, hall, courts) whilst others will require students to leave the College grounds via bus or by walking to the venue. A summary of activities is below:

- **Year 7: Beach Skills (Narrabeen lake/ beach), House Sport (MMCC), Rugby (MMCC), AFL (MMCC), Mix Martial Arts (Evolve MMA Collaroy)**
- **Year 8: Beach Fitness (Narrabeen lake/ beach), Basketball (Boondah reserve hard courts), Futsal (Pittwater RSL), Ten Pin bowling (Zone bowling dee why)**

Please complete the permission note on **page 2** which must be signed and returned to your child's PDHPE teacher **no later than Tuesday 9th February, 2021.** Without a parent or guardian's written consent to leave the College grounds, your son / daughter will not be permitted to leave the College.

Year Group:	7 & 8
Venue:	Various
Date:	Fortnightly
Transportation:	Bus or walk
Uniform:	College Sports Uniform
Cost:	Already in College fees
Other Requirements:	Students will be informed of any specific requirements each term

If you have any further questions or concerns, please do not hesitate to contact me at the College.

Yours faithfully,

Mr. A. Privett
PDHPE Co-ordinator
9997 7044



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Excursion Name: Activities
Excursion Date: 2021
KLA Coordinator/Teacher: Mr. A. Privett

Please return the signed permission note to your child's PDHPE teacher by Tuesday 9th February 2021.

I give permission for my child of class
to attend Activities program venues in 2021. I understand that some activities will be conducted at
the College and others at external venues. I give permission for him / her to travel to venues either
by bus or by walking in a supervised group. In the event of a medical emergency, I give permission for
my son / daughter to receive treatment as deemed necessary by the teacher in charge.

Student contact number on the day:

Does your child suffer from any illnesses or allergies, or any medical condition that could affect
them during exercise?

Yes / No (please circle)

Please supply details if you answered yes:

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Ability to swim 50m in surf conditions (please circle): Strong Competent Weak

I give permission for my son / daughter to participate in all external activities.

Parent Name:

Emergency Contact Number:

Signed: (Parent/Guardian) Date: