



PREP & YEAR 1 GYM, TENNIS & FOOTBALL PERMISSION FORM:

CONTACT DETAILS:

Parent Name: _____

Contact Number: _____

Email Address: _____

To Whom It May Concern, I hereby give permission for my child _____,
to attend the Prep/Year 1 Gym/Tennis/Football session on the day specified below.

I give permission for my child to be escorted from the Prep/Year 1 classrooms to the GSA facilities by a GSA staff member.

Further, I give permission for my child to be returned back to OSHC facilities.

SELECT OPTIONS:

Please select the relevant information regarding your child's participation in the Prep only offer.

DAY	GYM	TENNIS	FOOTBALL	PICK UP	DROP OFF	CLASS Name & Colour
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Kind Regards,

Genesis Sport and Aquatics

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3882 9091