Dear Parent/Guardian,

During 2015 your son/daughter will be actively involved in the College’s Tuesday Sport and/or the MISA (Macarthur Independent Schools Association) Representative Sport Program. These programs will work on a rotation system 2015; this is compulsory for all students.

There are two avenues available for your son/daughter during their participation in the College’s Tuesday Sports Program. If they wish they are able to nominate to participate in the MISA Representative Sports Program, which is run in conjunction with the College Sport program. Throughout the year, students will have the opportunity to trial for Representative Sport Teams and if selected, will play against other Catholic and Independent Schools within the MISA Association. Nominations for these teams will be advertised to students during homeroom. Information regarding MISA competition can be found below.

The structure of our Tuesday Sports Program will change slightly in 2015. Previously students have participated in a sport for the duration of the Term before changing activities. Where possible, students will now participate in activities in five-week blocks.

Please take time to read through the information provided and complete the attached information and permission slip to enable your son/daughter to participate in the Sport/Recreational Activities offered to the students each Tuesday.

**RECREATIONAL ACTIVITIES/VENUE INFORMATION: YEAR 9 Semester 1**

<table>
<thead>
<tr>
<th>Sport/Activity</th>
<th>Description</th>
<th>Venue Details</th>
<th>Transport</th>
<th>Equipment</th>
</tr>
</thead>
</table>
| Bodywar Outdoor Fitness | Qualified fitness instructors will run outdoor fitness sessions to improve flexibility, strength, speed and agility. Students will participate in a range of activities to improve their fitness. | College        | NA          | -College hat  
- water bottle  
- asthma puffer if required                      |
| Ten Pin Bowling      | Students will compete against one another in Ten Pin Bowling. Each student will be given the opportunity to utilise his or her hand/eye coordination, accuracy and balance. | Macarthur Square | Bus to venue | - water bottle  
- lunch  
- asthma puffer if required                        |
| Crossfit             | Qualified Crossfit coaches will deliver strength and conditioning program that builds strength and increases endurance. Students will be challenged to strive to be the best they can be each session. | Crossfit Gem, Smeaton Grange | Bus to venue | - water bottle  
- lunch  
- asthma puffer if required                        |
| Maximum Skating      | Students will participate in either roller blading or roller-skating. Students will be provided with the necessary protective equipment to participate. | Maximum Skating, Smeaton Grange | Bus to venue | - lunch  
- water bottle  
- asthma puffer if required                        |

**MISA REPRESENTATIVE SPORT OPTIONS**

<table>
<thead>
<tr>
<th>Term</th>
<th>Sport</th>
<th>Division</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Softball</td>
<td>Years 7-9</td>
<td>Female</td>
</tr>
<tr>
<td>1</td>
<td>Softball</td>
<td>Years 7-9</td>
<td>Male</td>
</tr>
<tr>
<td>1</td>
<td>Basketball</td>
<td>Years 8/9</td>
<td>Male</td>
</tr>
<tr>
<td>1</td>
<td>Basketball</td>
<td>Years 8/9</td>
<td>Female</td>
</tr>
<tr>
<td>2</td>
<td>Netball</td>
<td>Year 9</td>
<td>Female</td>
</tr>
<tr>
<td>2</td>
<td>Soccer</td>
<td>Years 8/9</td>
<td>Male</td>
</tr>
</tbody>
</table>

*An additional note will be sent home to inform you if your child has been selected in a MISA Representative team.*
TUESDAY SPORT
PERMISSION AND MEDICAL INFORMATION RETURN SLIP

Please note it is important for the school to have accurate up-to-date medical information for students. Please complete the section below and keep staff up-to-date of any changes throughout the year.

STUDENTS NAME: ....................................................................................................................................................................

HOUSE (Please circle) Polding Ingham Dharawal

Student Medical Information: .................................................................................................................................................................
...................................................................................................................................................................................................

Does your child require an asthma puffer during sport time? YES NO

*If yes they MUST have it every week otherwise they will not be permitted to participate.

Pre-existing Injuries: ............................................................................................................................................................................
...................................................................................................................................................................................................

Additional Information/concerns: ............................................................................................................................................................
...................................................................................................................................................................................................

Parent/Guardian name: .................................................................................................................................................................

Parent/Guardian emergency contact number: .................................................................................................................................

I give my permission for my son/daughter, ................................................., to participate in the offered sports and activities on a Tuesday afternoon for 2015. I give permission for my son/daughter to travel to and from the sporting activities in the transport organised by the school. (Buses and walking accompanied by St Benedict staff)

I also give permission for the teacher in charge to seek medical assistance should it be necessary. If emergency contacts are not available, an ambulance may be called.

I understand that exemplary behaviour is required by my son/daughter whilst participating in sport and physical activity opportunities. Unacceptable behaviour or attire may result in permission to attend Tuesday afternoon sport being withdrawn.

Parent/Guardian’s signature: .......................................................................................................................... Date: ......................