Dear Parents / Guardians,

**FISAF Future Champions Cup Aerobics 2015**

In 2015 students will have the opportunity to participate in the FISAF Future Champions Cup. This is a competition that is designed for those students who are just beginning aerobics or who have only competed limited times. This competition gives students an opportunity to be involved in a great sport and have fun learning something new. The FISAF Future Champions Cup will be open to all students from Years 1 – 12 however acceptance into teams is subject to student numbers and coaching availability. If you are able to assist by coaching one of our teams please indicate this on the registration form attached.

Registration for these teams is now open for commencement in Term 2 and closes on the 6th March. Students will be placed into teams to compete at the FISAF Future Champions Cup. (We will do our best to place all students into teams; however, this may depend on numbers). Rehearsals / Training will commence the first Thursday in Term 2, 23rd April 2015 from 3:15pm-4:15pm. This will continue through to the competition date (TBA) at the beginning of Term 4.

**Uniform Requirements**

For the FISAF Future Champions Cup event students may order items through the uniform shop.

- Training Short approx. $25
- Competition Leotard approx. $90
- Shimmer Tights $25 (available from Flight Dance Supplies Maitland)
- Shoes approx. $50

HVGS registration Fee for 2015 Aerobics will be $55.00 per Term being for 3 Terms. This cost will subsidise training costs, competition entries, and participation awards. Please note however there is an additional annual registration fee that must be paid directly to FISAF. The cost of this is approximately $40.00.

If you have any questions regarding HVGS Aerobics or if you are able to assist with coaching a team please contact me via email karakam@hvgs.nsw.edu.au

Kind regards,

Maree Karaka

Teacher in Charge - Aerobics
FISAF Future Champions Cup Aerobics
(Please return permission note to Mrs Maree Karaka by Monday, 6th March 2015)

Student Name: ________________________ Mentor Group / Class: ______________

Student DOB: ________________ Student’s current sport: _____________________

I have read and understand the information contained in this permission letter. Listed below are any special requirements or medical conditions that staff need to be aware of for the student to participate in the activity.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Photographs may be taken during this activity which may be used for internally generated publications. Please indicate below if you do or do not authorise your child’s image to be used in this way:

☐ I authorise images from this activity of my son/daughter to be used for internally generated publications

☐ I do not authorise images from this activity of my son/daughter to be used for internally generated publications

Contact details:

Student email (N/A for Junior School Students) ________________________________

Parent email: ____________________________________________________________

Home Phone: _________________________ Mobile: _____________________________

Emergency contact details:

Name: ______________________________ Relationship: _________________________

Phone: ______________________________ Mobile: _____________________________

☐ I am able to assist with coaching a team and am available each and every Thursday from 3:15 – 4:15pm.

☐ I am unable to assist with coaching a team.
☐ I give my child permission to take part in the HVGS School aerobics teams to compete at the FISAF Future Champions Cup event and I am aware of the costs involved ($55.00 per term plus FISAF Registration Fee paid directly to FISAF)

A one off charge can either be deducted to your HVGS account or paid directly.

Please indicate below your preferred payment option.

☐ I acknowledge and approve invoice charges of $55.00 per term to be deducted on my school account.

☐ I acknowledge and approve invoice charges of $165.00 and have enclosed payment.

Signature: ________________________________ Date: ____________________

Parent/Guardian