7th February 2013

Dear Parents/ Guardians,

Your daughter has expressed an interest in the Merici College Fitness Club to be held at Merici College. The training sessions will be on Thursday mornings from 7.40am – 8.30 am and students will meet inside the gym. These sessions may include short and long distance running, interval training, boxing, cross fit, cardio and strength training with the aim to improve overall health and fitness. Your daughter does not have to have participated in this style of training before. Everyone is welcome!

Venues for the fitness sessions may include the College gym, oval, OYC and surrounding nature reserves which will require transportation by walking or with the school mini bus i.e. Mt Ainslie. Students will need to bring sufficient fluids and wear appropriate fitness attire for the sessions. They will have time after the sessions to shower and have breakfast before going to morning pastoral care at 8.50 am.

Please be aware that supervision will not be provided before this time. If a student attends a morning session and finds that for some reason this session has been cancelled, they should make their way to the canteen/new quad area and remain there until 8.30am, when they can access their lockers and prepare for the day. In the event of an emergency situation arising, students should access the teacher on “Breakfast Shift” in the Staff Common Room after 8:00 am.

We will be encouraging students to participate in various community fitness events such as, Stromlo Running Festival on Friday 15th February, Relay for Life, Women and Girls Fun Run on 3rd March, Mother’s Day Classic in May, Canberra Times Fun Run in September, Ben Donohue Fun Run in November and various other cross country and community recreational events.

Please complete the attached permission form and have your child return it to Miss Deane on our first session which will be Thursday 21st February. We will be meeting in the College Gym for this session. You can contact me on 6243 4142 or via email brooke.deane@merici.act.edu.au

Yours sincerely,

Ms Brooke Deane
Consent & Medical information for Fitness Club

Student’s name: …………………………………………………………………………....
Date of birth: ………………… School year: ……………………………
Parent/Guardian full name: ……………………………………………………………
Address: …………………………………………………………………………………
………………………………………………………………………………
Parent/Guardians’ emergency numbers: H) ………………... W) ……………........
M) ………………… other: …………………………….
Other emergency contacts: …………………………………………………………….
………………………………………………………………………………
Name of student’s doctor: ……………………………………………………………...
Telephone: …………………………………

Please circle if the student suffers from any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Allergies</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>Headaches</td>
<td>Fits or blackouts</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Adverse reaction to drugs</td>
</tr>
<tr>
<td>Fainting</td>
<td>Sight/hearing issues</td>
</tr>
<tr>
<td>Hay fever</td>
<td>Nose bleeds</td>
</tr>
<tr>
<td>Eczema</td>
<td>Other __________________________</td>
</tr>
</tbody>
</table>

If you have answered yes to any of the above, please give details or add an attachment:

Date of student’s last Tetanus injection: …………………………….

Has the student suffered from any acute illness or been treated by a medical practitioner for an injury during the last four weeks? Please circle      Yes  No

If yes, please state nature of illness and obtain a report from the medical practitioner with a certificate stating the student is fit to participate in the sports:

Attention: Miss Brooke Deane

Parent/ Guardian:
I agree to my daughter participating in the Merici College Fitness Club on Thursday mornings at 7.40am meeting inside the Gym.
I understand there may be mornings which require transport to external venues as mentioned above by walking or school mini bus.

In the following section, please indicate if your daughter’s medical details have changed since last completing the Medical Form.

Parent/Guardian Signature: ___________________________ Date: ____________________