

YEARLY SCHEDULE AND ACTIVITY DESCRIPTION

Term 1	Cross Country and Athletics	1.February – 3.April
Term 2	Cross Country and Athletics	24.April – 7.June
Term 3	Athletics	17.July – 27.September
Term 4	Sports Skills	15.October – 27.December

Cross Country

Warm Up	10mins	Light Jog and stretching
Drills	5 mins	Technique and agility skills
Run	30mins	Cross Country, Hill Runs, Beep Testing, Soft Sand Runs
Warm Down	5 mins	Stretching

Athletics

Warm Up	10mins	Agility Games and Stretching
Drills	5mins	Sprinting Form, Reaction Drills and Basic Speed Testing
Athletics	30mins	Specific Training for all Track and Field Disciplines relating to the athletic carnivals.
Warm Down	5mins	Stretching

Sports Skills

Warm Up	10mins	Speed and Agility Games
Main Activity	30mins	Our programs are designed to give the kids the motivation and means to discover the joy of physical activity. Activities include Relays, Beach Flags, Basic Boxing Skills, Touch Football, Soccer, Cricket Skills, Frisbee Golf and many more.
Warm Down	5mins	Stretching

SECONDARY SCHOOL CROSS COUNTRY AND ATHLETICS

TERM 1, 2007

1st of February – 3rd April

Student Name: _____ **Year/Age** _____

Parent/Guardian Name: _____

Phone: _____ **Mobile:** _____

Address: _____

Email: _____

I, _____ (parent/guardian name) hereby give
permission for my son / daughter _____ to participate
in the follow Term 1 Cross Country and Athletics Training Programme.

Please indicate below which sessions your child will be attending:

- | | | |
|--------------------------|----------------------------------|-------|
| <input type="checkbox"/> | Both Tuesday & Thursday Mornings | \$130 |
| <input type="checkbox"/> | Tuesday Mornings Only | \$90 |
| <input type="checkbox"/> | Thursday Mornings Only | \$90 |

Payment and Conditions

- Payment may be made by cheque or direct deposit.
BANK ACCOUNT NAME: IFIT
BANK: St George
BSB: 112 879
ACCOUNT NUMBER: 057315337
- All cheques should be made payable to **IFIT**
- Registration and payment should be made to Nathan McKay prior to or on the commencement of the first session. **Tuesday 1st or Thursday 3rd February.**
- Payment is non-refundable except under extraordinary circumstances.

Further Information

- Students are expected to arrive, in SECONDARY SCHOOL Sporting uniforms for a 7.00am start.
- Children will return to school for 8.00am classes by SECONDARY SCHOOL bus service.
- **Wet Weather:** Contact Wet Weather Line 9968 9899 after 8.00pm on Monday and Wednesday.
- **Emergencies contact Nathan McKay 0425 327 486**
- **Important Dates**
 - **School Cross Country Carnival 21st of March 2007**

Signed _____ **Date** _____

SECONDARY SCHOOL CROSS COUNTRY AND ATHLETICS

TERM 2, 2007

24th April – 7th June

Student Name: _____ **Year/Age** _____

Parent/Guardian Name: _____

Phone: _____ **Mobile:** _____

Address: _____

Email: _____

I, _____ (parent/guardian name) hereby give
permission for my son / daughter _____ to participate
in the follow Term 2 Cross Country and Athletics Training Programme.

Please indicate below which sessions your child will be attending:

- | | | |
|--------------------------|----------------------------------|-------|
| <input type="checkbox"/> | Both Tuesday & Thursday Mornings | \$130 |
| <input type="checkbox"/> | Tuesday Mornings Only | \$90 |
| <input type="checkbox"/> | Thursday Mornings Only | \$90 |

Payment and Conditions

- Payment may be made by cheque or direct deposit.
BANK ACCOUNT NAME: XXXX
BANK: XXXXX
BSB: XXXXXX
ACCOUNT NUMBER: XXXXXXXX
- All cheques should be made payable to **IFIT**.
- Registration and payment should be made to Nathan McKay prior to or on the commencement of the first session. **Tuesday 24th or Thursday 26th April.**
- Payment is non-refundable except under extraordinary circumstances.

Further Information

- Students are expected to arrive, in SECONDARY SCHOOL Sporting uniforms ,by their own means for a 7.00am start.
- Children will return to school for 8.00am classes by SECONDARY SCHOOL bus service.
- **Wet Weather:** Contact Wet Weather Line 9968 9899 after 8.00pm on Monday and Wednesday.
- **Emergencies contact Nathan McKay 042 532 7486**
- **Important Dates**
 - **HICES Cross Country Carnival 15th May 2007**

Signed _____ **Date** _____

SECONDARY SCHOOL ATHLETICS

TERM 3, 2007

17th July – 27th September

Student Name: _____ **Year/Age** _____

Parent/Guardian Name: _____

Phone: _____ **Mobile:** _____

Address: _____

Email: _____

I, _____ (parent/guardian name) hereby give
permission for my son / daughter _____ to participate
in the follow Term 3 Athletics Training Programme.

Please indicate below which sessions your child will be attending:

- | | | |
|--------------------------|----------------------------------|-------|
| <input type="checkbox"/> | Both Tuesday & Thursday Mornings | \$130 |
| <input type="checkbox"/> | Tuesday Mornings Only | \$90 |
| <input type="checkbox"/> | Thursday Mornings Only | \$90 |

Payment and Conditions

- Payment may be made by cheque or direct deposit.
BANK ACCOUNT NAME: **XXXX**
BANK: **XXXXXX**
BSB: **XXXX**
ACCOUNT NUMBER: **XXXXX**
- All cheques should be made payable to **IFIT**.
- Registration and payment should be made to Nathan McKay prior to or on the commencement of the first session. **Tuesday 17th or Thursday 19th July.**
- Payment is non-refundable except under extraordinary circumstances.

Further Information

- Students are expected to arrive, in SECONDARY SCHOOL Sporting uniforms ,for a 7.00am start.
- Children will return to school for 8.00am classes by SECONDARY SCHOOL bus service.
- **Wet Weather:** Contact Wet Weather Line 9968 9899 after 8.00pm on Monday and Wednesday.
- **Emergencies contact Nathan McKay 042 532 7486**
- **Important Dates**
 - **School Athletics Carnival 8th of August 2007**
 - **HICES Athletics Carnival 29th of August 2007**

Signed _____ **Date** _____

SECONDARY SCHOOL SPORTS SKILLS

TERM 4, 2007

15th October – 27th November

Student Name: _____ **Year/Age** _____

Parent/Guardian Name: _____

Phone: _____ **Mobile:** _____

Address: _____

Email: _____

I, _____ (parent/guardian name) hereby give
permission for my son / daughter _____ to participate
in the follow Term 4 Sports Skills Training Programme.

Please indicate below which sessions your child will be attending:

Tuesday Mornings Only \$90

Payment and Conditions

- Payment may be made by cheque or direct deposit.
BANK ACCOUNT NAME: XXXXX
BANK: XXXXXX
BSB: XXXXX
ACCOUNT NUMBER: XXXXXX
- All cheques should be made payable to **IFIT**.
- Registration and payment should be made to Nathan McKay prior to or at the commencement of the first session. **Tuesday 15th of October.**
- Payment is non-refundable except under extraordinary circumstances.

Further Information

- Students are expected to arrive, in SECONDARY SCHOOL Sporting uniforms, for a 7.00am start.
- Children will return to school for 8.00am classes by SECONDARY SCHOOL bus service.
- **Wet Weather:** Contact Wet Weather Line 9968 9899 after 8.00pm on Monday and Wednesday.
- **Emergencies contact Nathan McKay 042 532 7486**

Signed _____ **Date** _____