

ADDRESS | 45 Knighton Road, Hamilton, 3216

PHONE | (07) 856 5399

WEBSITE | www.kns.ac.nz

PRINCIPAL | Andrew Campbell PGDip. Org. Behaviour, B.Ed., Dip.T.

Monday 2nd August 2021

Dear Parents / Caregivers / Whaanau,

Big Nix Squash

As part of our school KiwiSport programme, we have the opportunity to offer 12 spaces for students to take part in the 'Big Nix Squash' programme. This programme is free to our students.

Big Nix Squash is aimed at 9 - 12 year olds (school years 5 - 8) and designed to progress students' skills to include general movement, squash coordination, technique and strategy through a range of activities and games at Lugton Park Squash Club, a local squash club.

When: Fridays 12:00 - 1:30 pm

Term 3: Week 2 - 6th August Week 3 - 13th August

Week 4 - 20th August Week 5 - Cross Country/Fun Run

Week 6 - Teacher only day Week 7 - 10th September

Week 8 - 17th September

There is opportunity for some of these same students to play in an interschool competition, the date of which is still to be confirmed.

Where: Lugton Park Squash Club on Old Farm Road.

What to bring: Non-marking, white-soled shoes; clothes that are comfortable to play in; lunch and a drink.

Depart School: Students will leave school at 12:00 pm, to arrive at the club ready to go by 12:15 pm.

Return to School: We will arrive back at school by 1:30 pm.

Transport: Walking to and from Lugton Park Squash Club on Old Farm Road, or transport by private vehicle.

Completed forms must be returned to **Mr Hannah** by **Thursday**, **5th August**.

Because there are limited spaces, the first 12 students to return their forms will be given first priority. Regards,

David Hannah | Squash Co-ordinator | dhannah@kns.ac.nz

K			
Squash - Big Nix and One Day tournament			
I give	from Room	permissio	n to:
Take part in the Big Nix Squash programme at Lugton Park Squash Club			YES / NO (please circle)
Take part in the one-day squash tournament			YES / NO (please circle)
I can assist on Fridays with supervising students		YES / NO (please circle)	
Signed:	Parent / Caregiver	Phone number: _	
Name:	Parent / Caregiver		