Friday 6th February

Combined Small Schools Cross Country Carnival

Thursday 26th March 2015

When: Thursday 26th March, 2015

Where: Wallacia Public School

The Carnival is open to all students in Years 3-6, plus any Year 2 students turning 8 years old this year. The course will be entirely within the grounds of Wallacia Public School. Competitors aged 8, 9 or 10 years will complete 2kms, while 11 year olds and seniors will run 3kms.

The Carnival will commence at 9:30am when students will have the opportunity to walk the course. At 9:45am races will commence with 8 year olds, and boys and girls will race separately. There will be a short recess break after the completion of the 10 year old races (approximately 11:15am). It is expected that all races will be completed by 1:00pm, followed by lunch. School will conclude as normal at 3 pm.

Attire: Competitors are to wear school sports uniform, including correct school sports shorts. Students will also need a hat and water bottles.

Staff member/s with CPR training: All staff

Additional Information: Please send asthma reliever medication with your child if required.
All students will remain under the supervision of teachers at all times. Students will be seated in school groups. It is expected that all students in Years 3 to 6 will attend the carnival and any students in Year 2 turning 8 years of age.

If your child has a medical condition that will preclude or limit involvement, please indicate this in the following section, which is to be returned to school by Friday 27th February.

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Combined Small Schools Cross Country Carnival

Please return to the office by Friday 27th February

I hereby give consent for my son/daughter .................................................. to participate in the Combined Small Schools Cross Country Carnival to be held at Wallacia Public School on Thursday 26th March.

Special needs of my child, of which you need to be aware (e.g. allergies, asthma, medication)

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To the best of my knowledge, he/she has no medical condition or injury, which puts him/her at risk in participating in this activity:

Yes: □ No: □

Signature of Parent / Caregiver ............................................................... Date: .................