

Athletics Carnival

Wednesday, 2 May 2018

Dear Parents,

Our **Annual Athletics Carnival** will be taking place on **Thursday 24th May** at **Blair Athletics Oval, Creek Rd, St Marys**. This carnival is for children in Years 2-6 and the age categories for events are listed below. If your child is still seven this year they will still participate, however they will not be eligible for Zone.

Junior: 8, 9, 10 years
11 years: 11 years only
Senior: 12 & 13 years

The aim of the day is to bring our community together for a day of healthy competition and fun. Your assistance, enthusiasm and co-operation will help to make our day a success for the children. It would be appreciated if you could keep the following information about the carnival in a safe place so that you know what is happening. Please return the attached slip to your child's teacher by **Monday 14th May**.

Athletics Carnival Date: Thursday 24th May 2018.

Venue: Blair Athletics Oval, Creek Rd, St Marys.

Transport: It is asked that the children arrive at school as normal as the buses will be leaving the school by 8:30am to arrive at the oval by 9:00am. **Parents will have the option of taking their children home from Blair Oval at the conclusion of the carnival. Friends and relatives will only be able to take children home if a written consent form has been completed. Parents and guardians will be required to sign their child out from the classroom teacher before leaving the carnival.**

Structure: It is expected that the carnival will begin at **9:15am** with the 800m races. If your child is interested in participating in the 800m race please indicate this on the form below.

Children will need to be at school on time ready to leave on the first bus at 8:30am.

Rain: In the event of inclement weather a decision will be made at 8:00am and a new date will be advised.

What to bring: The children need to bring their recess and lunch with plenty of refreshments in a plastic bag labelled with their name and class. No glass bottles should be brought to the carnival. It would be helpful if the children bring a towel to sit on. All clothing, towels etc should be clearly marked with your child's name. Canteen facilities will be provided on the day.

What to wear: Children need to wear their sports uniform and are allowed to wear a coloured shirt to represent their house colour.

Parent help: If you would like to assist with being an official (e.g. time keeper, marshal, starter, recorder) **you must have completed the relevant Working with Children & Child Protection online course.**

Little Athletics Info: To assist with choosing our representative team, if your child attends Little Athletics, could you please complete the corresponding section on the permission note.

Kind regards,

Cheryl Brown
Principal

Looking forward to seeing you at the Carnival!

Athletics Carnival – Parent Helpers

I have completed the Child Protection Course

YES / NO

Name.....
(Please print)

Eldest child's Name: Class:

If you have a certified area of expertise e.g. official time keeper, etc. please indicate.

Area of expertise:

.....



REPRESENTATIVE TEAM:

To assist us with choosing our representative team if your child attends Little Athletics could you please include their personal best (PB'S) below:

Child's Name: Class:
(Please print).

Age: (What age they are turning this year)

High Jump

Date achieved:

Discuss

Date achieved:



800m RACE:

This will be organised on the day as Junior (8,9,10), 11years and Senior (12/13) age groups.

If your child is interested in participating in the 800m race on the day please complete the following form:

Child's Name: Class:
Please print

Age: (What age they are turning this year)

Excursion Permission Note & Medical Slip

Attention: One permission note per child

Excursion: Athletics Carnival – Blair Athletics Oval, Creek Rd, St Marys

Date: Thursday 24th May 2018

I understand that my child will be travelling to and from by bus.

I give permission for my child _____ Class _____
to attend the Athletics Carnival.

I **DO NOT** give permission for my child to participate in this event.
(Any comments would be gratefully and sensitively accepted)

Please list any medical conditions that the teachers should be aware of for the excursion:

.....
.....

Contact parent on the day.....

Parent phone numbers on the day

Emergency contact name (other than the person listed above):

.....

Phone numbers:

Medicare No:

In the event of an emergency, I give teachers of Bethany Catholic Primary permission to seek medical attention for my child and I understand that I will be notified as soon as possible.

Parent / Guardian (signature): Date:.....