2 March 2015

Dear Years 3 – 6 Parents

ATHLETICS CARNIVAL

We will be conducting our annual Athletics Carnival for Years 3 - 6 students on Wednesday 11 March commencing at 9.30 am at Central Reserve, Corner of Springvale Road and Waverley Road, Glen Waverley. The entrance to the reserve is from Springvale Road and the athletics track is at the end of the entrance roadway. Parents attending need to bring chairs or a picnic blanket and also sun protection.

We would greatly appreciate parental assistance. Many parents are needed to assist with recording, timekeeping and as place judges. If you are able to assist in any way, please fill in the details attached and return it to your child’s teacher by Wednesday 4 March or email jclapp@huntingtower.vic.edu.au

This is always an action filled day and at the end of the relays there will be a Parent Race, so please remember to wear your runners.

Clothing and requisites:
- Sports uniform including House polo shirt and track suit. Sports uniform may be worn to school
- School hat (named, please)
- Water bottle (named, please)
- Fresh fruit in a named paper bag for morning tea
- Waterproof jacket if wet weather predicted

Special Requirements: Sunscreen will need to be applied to ensure adequate sun protection.

After the carnival normal classes will resume.

Please complete the attached permission slip and return it to your child’s class teacher by Wednesday 4 March 2015.

Yours sincerely

Joanna Clapp
Junior School PE/Sports Coordinator

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Permission Slip – Please return to your class teacher by Wednesday 4 March

ATHLETICS CARNIVAL

I give permission for my son/daughter __________________ of Year _________ to take part in the Athletics Carnival.

In an emergency I authorize the teacher in charge of the excursion to consent where it is impractical to communicate with me to the child receiving such Christian Science treatment, medical or surgical treatments, as may be deemed necessary, in line with my request on my student’s Application for Enrolment form.

I would prefer a Christian Science Practitioner to be notified first.

Practitioners Name: ___________________________ Contact Number: ___________

Signature of Parent / Guardian: ____________________________________________

Contact Name: ___________________________ Contact Numbers: ___________________________

Emergency Contact Name: ___________________________ Contact Numbers: ___________________________
Dear Mrs Clapp

I am able to assist with the running of the YEARS 3 – 6 ATHLETICS CARNIVAL on Wednesday 11 March.

Please print your name __________________________________________

Student’s name ___________________________________________ Year ______

Please return this form to your child’s teacher by Wednesday 4 March.