Year 3 – 6 Athletics Day 2014

Dear Parents/Guardians,

As part of the Physical Education Program, Williamstown North Primary School will be holding their Athletic Sports Carnival for all children in Years 3 to 6 on Thursday 24th April from 9:30am – 2:45pm approximately.

All children will be leaving school at 9:00am, and travelling by bus to the Newport Athletics track, returning at approximately 3:00pm.

Children are required to wear appropriate clothing, T-shirt and shorts and warm clothing to wear on completion of an event. Children are also encouraged to wear their house colours for the day. Food, drinks (in disposable containers), sunsmart hat and sunscreen in a clearly labelled bag are also required. A small rug or large plastic bag to sit on would be handy.

We will need at least ten parent helpers to run this carnival. Please fill in the return slip if you can help.

Please note that the amount is covered by the Incursion/Excursion Levy. No money needs to be paid. Please return the permission form below to your child’s classroom teacher by Wednesday 2nd April.

Please note the bus the children will be travelling on is fitted with seatbelts.

This year, we will not be conducting the Triple Jump during the day; instead, we will be conducting this event after school on Thursday 24th April. Students will need to indicate on the form provided if they are interested in trying out for the Triple jump.

Thank you

Sarah Nobbs
Sports Coordinator

Name of Child ___________________________ Class _______ Year Level _______

I consent to my child attending the School Athletics Day on Thursday 24th April at Newport Athletics Track. I authorise the teacher in charge of the activity to consent where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Please indicate if your child is taking any medication or has any medical condition that we should be aware of:

Anaphylaxis Yes / No  If Yes: Does your child have an epi-pen at school? Yes / No
Asthma: Yes / No  If Yes: Does your child require regular medication?  Yes / No
Other: Yes/ No Please add details ______________________________________________________

Parent/Guardian Name ____________________________________________________________

Parent/Guardian Signature __________________________________________________________ Date ____ / ____ / 2014

Home Number: ___________________________ Work Number ____________________________

Mobile Number: ___________________________
We desperately need at least 10 volunteers to help run the Athletics sports at the Newport Athletics Track this year, and hope that you could be generous with your time.

If you are available on Thursday 24th April, we would love to hear from you and ask that you reply to this request by Wednesday 2nd April, so that the necessary organization can begin.

This form should be returned to Ms Nobbs.

_______________________________________________________________

Parent Name

Child’s name ___________________________ Class _____ Year Level _____

☐ I have a Working With Children Card Card Number__________________________
(This is a requirement to have in order to assist on the day)

Time available to help

☐ Full Day
☐ 9:30am – 12:00pm
☐ 12:00pm – 2:30pm

If you have helped at previous Athletics events please indicate in what capacity.

__________________________________________________________________________

If you have preferences for an event please indicate.

1 __________________________________________________________________________

2 __________________________________________________________________________

3 __________________________________________________________________________

Travelling on the bus to and from the track □

This year we have ordered 7 buses to transport children to and from the event and would appreciate it if parents were able to accompany the children on the bus. Please note the bus the children will be travelling on is fitted with seatbelts.
Triple Jump

As mentioned previously, the Triple Jump event will be held at the Newport Athletics Track on Thursday 24th April at 3:40pm.

Please indicate below if your child will be trying out for the Triple Jump Event:

Child’s Name: ____________________________________________

Class: ____________________ Year Level: ______________________

Age your child will be turning or has turned this year: __________

We also need parent helpers to conduct this event. If you are available on Thursday 24th April, we would love to hear from you and ask that you reply to this request by Wednesday 2nd April, so that the necessary organization can begin.

This form should be returned to Ms Nobbs.

Parent Name ________________________________________________

Child’s name_________________________ Class ______ Year level _____

☐ I have a Working With Children Card Card Number _____________

(This is a requirement to have in order to assist on the day)