

District Inter-School Cross Country

Positivity, Persistence, Pride, Passion

239 Pearcedale Road Cranbourne South VIC 3977 Tel: 9782 2999

Email: cranbourne.south.ps@edumail.vic.gov.au Website: http://www.cranbournesouth.vic.edu.au/



Dear Parents,

Your child has been chosen to represent Cranbourne South Primary School at the Cranbourne District Inter-School Cross Country to be held on **Friday, 3 May 2019 from 9:30am-2pm.**

The categories and distances are as follows:

9-10yr Girls/Boys – 2kms

11yr Girls/Boys & 12-13yr Girls/Boys – 3kms

The event will be held at the Cranbourne Racecourse, Grant Street, Cranbourne starting at 10:30am and concluding approximately 2:00pm. **It is expected we all meet at 9.30am.**

There is no cost to participate as students will need to find their own transport there and back to the venue. (Some parents have already indicated that they can transport students if needed).

Students will need to:

- bring a change of clothes, shoes as well as a coat to keep dry and warm (the racetrack is a very wet and windy place at times)
- bring lots of snacks, lunch and a water bottle
- wear school house colour shirts, (if not then school uniform shirt).
- We also recommend students wear sun protective clothing hat and sunscreen when outside for extended periods.

Please return the permission form to the Office by Tuesday, 30 April 2019.

Thank you,

TAT STANLEY

Physical Vibe Leader

Tuesday, 23 April 2019

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PLEASE RETURN BY Tuesday, 30 April 2019
District Inter-School Cross Country

I give permission for my child:..... Class:
to attend the **District Inter-School Cross Country held on Friday, 3 May 2019.**

I will provide transport for my child to and from the venue.

I am willing to provide transport for other students.

My contact details are as follows: (This information will be provided to other parents)

Mobile/Ph:

I am unable to transport my child but I am happy for another parent to do so and I understand that this is a private arrangement between the parents concerned.

If you tick this box, we will send you the names and phone numbers of parents who have agreed to transport other students to this event.

In the event of illness or injury to my child whilst on this excursion, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, and to administer such first aid as the principal or staff member may judge to be reasonably necessary.

During the times of the excursion, my telephone contact is:

.....
Print Name of Parent/Guardian

.....
Signature of Parent/Guardian

.....
Date