

Cranbourne South PRIMARY SCHOOL
CASEY SOUTH DIVISION CROSS COUNTRY



Positivity, Persistence, Pride, Passion

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Dear Parents,

Your child has qualified to represent our school in the Casey South Division Cross Country, to be held on **Wednesday, 29 May 2019.**

The categories, time and distances are as follows:

- Race 1- 10.30am 12/13yr Boys 3km**
- Race 2- 10.45am 12/13yr Girls 3 km**
- Race 3- 10.45am 11yr Boys and Girls 3km**
- Race 3- 12.30pm 9/10yr Boys and Girls 2km**

The event will be held at the **Casey Fields Boulevard**, Cranbourne East, starting at 10:30am and concluding approximately 1:30pm. **Please meet 1 hour prior to our races for briefing.**

There is no cost to participate however, each student 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
- 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 Friday, 24 May 2019.

Thank you,

TAT STANLEY
Physical Vibe Leader
Wednesday, 15 May 2019



PLEASE RETURN BY Friday, 24 May 2019
CASEY SOUTH DIVISION CROSS COUNTRY

I give permission for my child: Class:
to attend the **CASEY SOUTH DIVISION CROSS COUNTRY** held on **Wednesday, May 29 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