



Southern Metro Regional Cross Country - Qualifying Students

Dear Parent/Guardian,

Your child has been selected to represent the school at the Southern Metro Regional Cross Country. Please read the following information about the event.

Date:	Wednesday, 15 June 2022
Venue:	Hastings Foreshore, Hastings
Time:	10am to 12pm (approximately) *Please arrive at least 30 minutes prior to your race.
Event Information:	The objective of the Southern Metro Regional carnival is to select students to participate in the State Cross Country carnival.
Transport:	Parents/carers are required to provide transport for their child on this day.
Cost:	There is no cost for this event.
Permission:	Permission via QKR AND please return the permission note below by Thursday, 9 June 2022
What to wear:	School uniform is to be worn. Students will be provided with a Cranbourne South Sports Singlet to wear.
What to bring:	<ul style="list-style-type: none">• A water bottle (it would be a good idea to pack more than one)• Protective clothing in case of extreme weather conditions• A change of clothing as parts of the course may be muddy.

DANIELLE CURTOIS

Physical Vibe

Monday, 6 June 2022

✂ -----

PLEASE RETURN BY Thursday, 9 June 2022

Southern Metro Regional Cross Country – Hastings Foreshore, Hastings

I give permission for my child: _____ Class: _____
to participate in the **Southern Metro Regional Cross Country Carnival** on **Wednesday, 15 June 2022**.

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: