



WALLACIA PUBLIC SCHOOL
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Principal: Mr Trev Mason

Monday, 11 March 2019

Combined Small Schools Cross Country Carnival
Thursday 28th March 2019

When: Thursday 28th March

Where: Wallacia Public School

The Carnival is open to all students in Years 3-6, plus any Year 2 students turning 8 years old this year. The course will be entirely within the grounds of Wallacia Public School. Competitors aged 8, 9 or 10 years will complete 2kms, while 11 year olds and seniors will run 3kms.

The Carnival will commence at 9:30am when students will have the opportunity to walk the course. At 9:45am races will commence with 8/9 year olds, and boys and girls will race separately. There will be a short recess break after the completion of the 10 year old races (approximately 11:15am). It is expected that all races will be completed by 1:00pm, followed by lunch. School will conclude as normal at 3 pm.

Attire: Competitors are to wear school sports uniform, including correct school sports shorts. Students will also need a hat and water bottles.

Staff member/s with CPR training: All staff

Additional Information: *Please send asthma reliever medication with your child if required.*

All students will remain under the supervision of teachers at all times. Students will be seated in school groups. It is expected that all students in Years 3 to 6 will attend the carnival and any students in Year 2 turning 8 years of age.

If your child has a medical condition that will preclude or limit involvement, **please indicate this in the following section**, which is to be returned to school by **Friday 22nd March**.



Combined Small Schools Cross Country Carnival
Please return to the office by **Friday 22nd March**

I hereby give consent for my son/daughter to participate in the **Combined Small Schools Cross Country Carnival** to be held at **Wallacia Public School** on **Thursday 28th March**.

Special needs of my child, of which you need to be aware (e.g. allergies, asthma, medication)

To the best of my knowledge, he/she has no medical condition or injury, which puts him/her at risk in participating in this activity:

Yes: No:

Signature of Parent / Caregiver Date :