



WALLACIA PUBLIC SCHOOL
1573-1585 Mulgoa Road
WALLACIA NSW 2745

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Principal: Mr Trev Mason

PENRITH ZONE P.S.S.A ATHLETICS CARNIVAL

Dear Parents/Carers,

Your child _____ has been selected to represent Wallacia Public School at the Penrith Zone P.S.S.A. Athletics Carnival in the following events:

Events: Wednesday 23 August– 100m heats, 200m heats, 100m semi-finals and all Shot Put and High Jump events.

Thursday 24 August– 200m semi-finals, relay heats, all track finals, all Discus and Long Jump events.

Back up dates: Wednesday 30 August and Thursday 31 August. 2017.

Venue: Werrington Athletics Complex, Herbert Street Cambridge Park.

Time: Meet at 8:15am sharp. Carnival begins at 8:45am.

Transport: Parents will need to transport their own students to and from the carnival.

Cost: \$11 per competitor. Payable to Wallacia PS.

Attire & What to Bring: Sports uniform (including hat) with suitable footwear, and jacket or jumper. Spiked shoes are permitted in all events, except 800m races. Starting blocks are also permitted for all track events, except in 800m events and the second or subsequent runners in relay events. Bring water bottle and sunscreen. Canteen facilities may be available.

Staff member/s with CPR training: All teachers

Additional Information: Assistance is required from a parent to nominate themselves as a carnival official on the day. If you are able to assist with this role, please indicate this on the permission slip below.

If your child has a medical condition that will preclude or limit involvement, **please indicate this in the attached section**, which is to be returned to school **by Friday 18 August.**

Mr Trev Mason
Principal

PENRITH ZONE P.S.S.A ATHLETICS CARNIVAL

Please return to the office **by** Friday 18 August.

I hereby give consent for my son/daughter
to participate in the Penrith Zone P.S.S.A. Athletics Carnival on Wednesday 23 August
and/or Thursday 24 August at Werrington Athletics Complex, Cambridge Park.
Including back up dates of Wednesday 30 August and Thursday 31 August. 2017.

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

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I have made an online payment on Date: _____ Receipt Number: _____

I enclose a total of _____ (\$11.00 per student)

I will be able to assist on the day Name: _____

I understand that this excursion has the approval of the Principal.

Signature of Parent / Caregiver

Date: