



WALLACIA PUBLIC SCHOOL  
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Principal: Mr Trev Mason

Wednesday August 15 2018

## **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:

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**Events: Wednesday 29 August – 100m heats, 200m heats, 100m semi-finals and all Shot Put and High Jump events.**

**Thursday 30 August– 200m semi-finals, relays, 800m, all track finals, all Discus and Long Jump events.**

**Back up dates:** Wednesday 5 September and Thursday 6<sup>th</sup> September 2018

**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 (Mr Rush attending from Wallacia PS)

**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 24 August.**

Mr Trev Mason  
Principal

**PENRITH ZONE P.S.S.A ATHLETICS CARNIVAL**

Please return to the office **by** Friday 24 August.

I hereby give consent for my son/daughter .....  
to participate in the Penrith Zone P.S.S.A. Athletics Carnival on Wednesday 29 August  
and/or Thursday 30 August at Werrington Athletics Complex, Cambridge Park.  
Including back up dates of Wednesday 5<sup>th</sup> September and Thursday 6<sup>th</sup> September  
2018.

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: .....