Campbelltown Zone Athletics Carnival 2015

Date: Wednesday, 2nd September 2015 [Field] and Thursday, 3rd September 2015 [Track]
Venue: Campbelltown Athletics Stadium.
Transport: All students MUST travel to the carnival by bus.
Cost: $15 each day. This includes bus and entry for students
Time: All students must be at school by 8.25am to depart for the stadium at 8:30am. Students should arrive back at school at approximately 3.10pm.
Students need to bring: Plenty of water and their lunch. Students are to wear their summer sports uniform, including a school hat.

Track finals will be held on Thursday, 3rd September from 4:00-5:00pm and it will be the responsibility of parents/carers to get students to these events. If your child is successful in reaching a final, supervision will be provided by zone teachers from 2.30pm - 4.00pm. Please note that Ruse Public School teachers will not be at the carnival after 2.45pm. We will contact you during the day if your child makes a final. From 4.00pm, supervision of students will be the responsibility of their parents/carers.

Your child has been selected to compete in the following events on the following day/s:
Wednesday 2nd September and/or Thursday 3rd September

100m  200m  800m  relay  shot put  discus  high jump  long jump

Total money owing is ________________________________

Ms Clark and Ms Wheatley
Organisers

Mr Paul McGillicuddy
Relieving Principal

Athletics Carnival Consent Form

I hereby consent for my child ________________________________ to attend the Campbelltown Zone Athletics Carnival at Campbelltown Stadium on Wednesday 2nd September, 2015 and/or Thursday 3rd September, 2015 travelling to and from the venue by bus.

Special Needs (allergies etc): ________________________________

Contact Number, name and relationship to student: ________________________________

Are there any medical/physical disabilities or injuries which would put your child at risk by participating in the carnival? ________________________________

Signature: ________________________________  Date: __________

(Parent/Caregiver)