

# WANDIN & DISTRICT SPORTS ASSOCIATION

## Grades 3-6 Cross Country Run Friday 20<sup>th</sup> May 2016

Margaret Lewis Reserve, Coldstream.

Dear Parents/Guardians,

Weather permitting, our Annual Cross Country Run will be held at Margaret Lewis Reserve Coldstream Primary School on 20th May beginning at 12.30pm with the 12/13 year old boys to run first.

Many children have been practising for this day.

We expect **all children** to attend and compete to the best of their ability. The emphasis is on this being a FUN run across unusual terrain. Each child can participate to their own level of desire. They may walk if they wish or push to compete for a place in the Zone Cross Country Championships.

We have a proud tradition of sending children (who finish in the first 6) off to Zone Finals and we have even been represented at State Level. (Zone finals are only for 10, 11 or 12 year old runners).

Children will be taken by bus to Coldstream Primary School leaving school at 12.00pm and returned by 2.30pm.

The cost for the day is \$7 per child. Please send your money along with the permission form below to your child's teacher by Tuesday 17<sup>th</sup> May.

**PARENTS ARE MOST WELCOME TO ATTEND** to support our students and to help out on the day. There is still a cost of \$7 even if you drive your own child.

It is usually a very pleasant day and children have the opportunity to run against children from Seville, Wandin North, Yarra Glen, Coldstream and Wollombi (Group of small schools).

### NEEDS

Children should be prepared with suitable clothing, footwear and a drink bottle.

### ASTHMA

For people who suffer from asthma - they must carry a puffer with them and use it if necessary.

### MARSHALS

We also need to supply 2 marshals at certain points around the course. Parents, if you can help please indicate on the form below.

Trevor Vass and Courtney Sharp

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## GRADES 3-6 CROSS COUNTRY RUN AT COLDSTREAM

Friday 20<sup>th</sup> May 2016



The Principal

Wandin Yallock Primary School

I give permission for my child \_\_\_\_\_ Grade \_\_\_\_\_ to attend Margaret Lewis Reserve, Coldstream on Friday 20<sup>th</sup> May 2016 (between 12.00 and 2.30pm).

I consent to my child taking part in this excursion. I authorize the teacher in charge, when it is not possible or otherwise impracticable to contact me, to consent to my child receiving any medical or surgical treatment as may be deemed necessary by a medical practitioner or administer such first-aid as the teacher-in-charge judges to be reasonably necessary and I accept responsibility for the payment of any medical or transport expenses thus incurred.

Parent/Guardian's Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I can help out on the day.

### **Medical Information - Please tick if your child suffers any of the following:**

Asthma  Anaphylaxis  Travel sickness

Other: \_\_\_\_\_

*This confidential consent form asks for personal information about your child as well as family members that provide care for your child. All staff at Wandin Yallock Primary School and the Department of Education & Training are required by law to protect the information provided by this consent form. The Department of Education & Training requires this consent form to be signed for all students attending school excursions*

### **Please select Payment Method**

(Please note you can include payment for all siblings in the one envelope but one consent form for each child must be included.)

Please take payment of \$7 from my account **which is in credit.**

Please take payment of \$7 from my **Camps, Sports, Excursion Funding** (Approved recipients only).

I enclose \$7. Payment by  cheque – (made payable to 'Wandin Yallock Primary School')  cash or EFTPOS at office

Direct Deposit: Account Name – WANDIN YALLOCK PRIMARY SCHOOL

BSB: 633 000 Account: 117 554 592

Please use the Parent Family Name when entering your details.

\$7 Payment by Credit Card – (MasterCard/Visa)

Credit Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount: \_\_\_\_\_ Name as appears on Credit Card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_