



**GRADE 3-6 ATHLETIC SPORTS
MORRISON RESERVE, MT. EVELYN
Friday 8th September 2017 - rescheduled**

Dear Parents,

All students in grades 3-6 will be travelling by bus to Morrison Reserve for our Annual Athletics Sports on Friday 8th September 2017. Our children have been training in preparation for these popular sports throughout the term and will be competing against students from Yarra Glen, Coldstream, Wandin North, Yering and Seville primary schools.

Athletic events include **Sprints, Long Distance and Relay running, High Jump, Long Jump, Discus, Shot Put, and Leaderball**. Students will compete in all events against other children the same age, based on their age they have or will turn during 2017. Activities commence at 9.45am and conclude around 2.30pm.

It is a FUN DAY with an emphasis on participation and having a go. We WELCOME parents to observe and assist on the day. We need some parents to be Group Leaders with each age group. Please let us know as soon as possible if you can assist.

Children will **need to wear** appropriate athletics clothing including their school t-shirt and running shoes, and bring play lunch, lunch, hat, sunscreen and drinks. Tracksuits, jumpers or coats are advisable for when students are not competing. Cost for the day will be \$12 to cover the bus and facilities and equipment hire. Please return the permission form below and money to school by Friday 1st September 2017.

Kind Regards
Trevor Vass
Sports co-ordinator

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**WANDIN YALLOCK PRIMARY SCHOOL
Rescheduled - GRADE 3-6 ATHLETIC SPORTS Friday 8th September 2017**



The Principal
Wandin Yallock Primary School

I give permission for my child _____ Grade _____ to attend the Annual Athletic Sports at Morrison Reserve, Mt. Evelyn on Friday 8th September 2017. Students will be travelling by bus, leaving school at 9am and arriving back at 3.00pm.

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. 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: _____

Assistance

I can assist on the day Contact Phone Number: _____ Parent Name _____

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

Asthma Anaphylaxis Travel sickness
 Other: _____

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication including details of child's name, dosage and time taken must be given to the teacher-in-charge.

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 \$12.00 from my account which is in credit.
- Please take payment of \$12.00 from my Camps, Sports, Excursion Funding (Approved recipients only).
- I have already paid \$12.00**
- I enclose \$12.00.
- Payment by cheque - (made payable to 'Wandin Yallock Primary School')
- Payment by 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.
- \$12.00 Payment by Credit Card - (MasterCard/Visa)

Credit Card No: _____ Expiry Date: ____/____/____

Amount: _____ Name as appears on Credit Card: _____

Cardholders Signature: _____