DISTRICT CROSS COUNTRY
WESTERFOLDS PARK
WEDNESDAY MAY 27th, 2015

Dear Parents,

Your child has been selected to represent Wattle Park P.S at the District Cross Country Championships. The details of this day are as follows:-

Activity - District Cross Country, Wednesday May 27th 2015.
Venue - Westerfolds Park (Melways Ref 33 E3 Enter via Porter St)
Time - Depart W.P.P.S 10:45am
Return W.P.P.S 3:30pm
Transport - Bus
Cost - $12.00 per competitor to be paid prior to the event to your child's classroom teacher.

Clothing - Sports clothing appropriate for running i.e. shorts, comfortable running shoes, school provided sports top (will be handed out on the morning of the event) or child's own sports tops if they have them.

It is advisable to have something warm to wear before and after competing, and a change of clothes (including socks, spare shoes and wet weather gear) is also recommended.

Food - All competitors are required to take lunch, a snack and a named water bottle.

Any personal asthma, diabetic or allergy (eg epipen) medication should also be packed in your child's bag.

Any parents or interested parties are most welcome to come along and support our school cross country team. Enter the park via Porter street entrance.

Thanking you

Melinda Downes,
Sports Coordinator

Gayle Cope
Principal

Could the attached forms be signed and returned to your child's class teacher, together with the money by Friday May 22nd 2015.
Permission Forms

To be taken on Excursion

Child's Name in full ___________________________ Grade _____

I give permission for my child ________________________ to compete in the District Cross Country to be conducted at Westerfolds Park on Wednesday May 27th. I understand that my child will be travelling to and from the venue by bus. I authorise the teacher in charge of the excursion to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment that may be deemed necessary in the event of an emergency.

Signed ______________________ Contact Number ________

To be retained at school

Child's Name in full _______________________________ Grade _____

I give permission for my child ________________________ to compete in the District Cross Country to be conducted at Westerfolds Park on Wednesday May 27th. I understand that my child will be travelling to and from the venue by bus. I authorise the teacher in charge of the excursion to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment that may be deemed necessary in the event of an emergency.

Signed ______________________ Contact Number ________