DISTRICT ATHLETICS SPORTS
GEORGE STREET ATHLETICS TRACK
RIESCHIEKS RESERVE DONCASTER
TUESDAY SEPTEMBER 8th, 2015

Dear Parents,

On Tuesday 8th of September, Wattle Park Primary
School will be participating in the Box Hill District Athletics Carnival. As usual, all
children in grades 4-6 will be attending. Details of the day are as follows:

Activity - District Athletics Sports, Tuesday September 8th.
Venue - George Street Athletics Track (Melways Ref33 J11)
Time - Depart W.P.P.S. 9.10am
        Return W.P.P.S. 3.15pm
Transport - Bus
Cost - $13.10 per competitor (covered by the essential education items component)
Clothing - Sports clothing appropriate for running i.e black shorts, comfortable running shoes and school sports top. It is advisable to have something warm to wear before and after competing. Depending on the weather sunscreen and a hat or even a raincoat may also be required. Please ensure all items are named.
Food - All competitors are required to take lunch, a snack and a drink bottle, all labelled.

If there is any medical reason your child cannot participate in this event, or if you know your child will not be attending due to other family or sporting commitments, could you please let your child’s teacher know as soon as possible. Any parents or interested parties are most welcome to come along and support our school athletics team.

Could the attached forms be signed and returned to school by Friday 28th August 2015

Thanking you,

Melinda Downes
Sports Coordinator.

Gayle Cope
Principal
PERMISSION FORMS
DISTRICT ATHLETICS

To be taken on excursion

Child's name in full____________________________________

I give permission for my child_________________________ to compete in the District Athletics to be conducted at George Street Athletics Track on Tuesday September 8th 2015. 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____________________________________

I give permission for my child_________________________ to compete in the District Athletics to be conducted at George Street Athletics Track on Tuesday September 8th 2015. 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 ____________