2015 GIPS Athletics Carnival

Dear Parents,

The children in Grades 3 to 6 will be taking part in the House Athletics Carnival. The carnival details are as follows:

**When:** 9.30am – 2.45pm on Friday 14 August 2015
**Where:** Bill Stewart Athletics Track - 330 Burwood Hwy, Burwood East, 3151

**What to bring:** snacks, lunch and a drink(s), and wear suitable clothing (shorts, T shirts in House colours, running shoes and warm, weather proof clothing. PLEASE NO HAIR DYE OR FACE PAINT!).

The House Sports will enable all children to compete in each of the 7 major events (Shot put, discus, hurdles, 100m sprint, 200m sprint, long jump and triple jump). Each child will rotate around each event with his/her own age group. Participation is more effective than watching and all children will have an equal opportunity to compete. Only two events will be restricted: 800m running race (children will need to sign up the week before) and the final house relays will be made up of the 4 fastest girls and boys in each house. High Jump will be completed during sport lessons, and the 1500m will be selected from our District Cross Country Team.

*If you have not paid the excursion levy*, the cost for the buses and track/equipment hire is **$17**. Please return the permission form with payment by Friday 31 July 2015.

*To make this event a success we will require the assistance of as many parents as possible. Free coffee and tea will be made available to all volunteer helpers. It is a school requirement that all volunteer helpers have a Working with Children’s Check. Please make sure you have one and have shown the office a copy. If you are able to help on the day, please fill in the form below.*

Regards,
Nathan Gilliland

2015 GIPS Athletics Carnival – Friday 14 August

I consent to my child ______________________ Grade _________ attending the Athletics Carnival at Bill Stewart Athletics Track 330 Burwood Hwy, Burwood East on Friday 14 August 2015.

I hereby authorise the person in charge to contact the nearest doctor available and arrange any necessary hospital treatment or ambulance transport, in the case of emergency and accept responsibility for any costs involved.

☐ I have paid the excursion levy.
☐ I have enclosed the $17 payment.

Parent’s Signature: ______________________ Date: _______________

Emergency contact numbers on day of excursion: __________________ ; __________________

☐ I can help out with events on the day:

Name: __________________________

Contact email address: ____________________________________________________