



## Blackwell Public School

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### 3-6 Athletics Carnival

Dear Parent / Caregiver,

The annual school Athletics carnival is on Friday 27<sup>th</sup> July 2018 at Blair Oval, St. Marys (Term 3 Week 1). Students will be arriving and leaving school just as they would on a 'normal' day. Students will be travelling by bus accompanied by their class teachers to take part in the carnival. Buses will be departing school at 9.00am and returning before 3.00pm.

**The cost to participate in the athletics carnival will be \$ 8.00**

This amount covers the cost of bus transport and venue hire. All students from Year 3 to Year 6 will be involved in this carnival.

#### Participation details:

- \* Appropriate clothing and sports shoes are to be worn to the event. Spikes are only to be worn during the events.
- \* Parents are advised to provide adequate sun protection for their child, e.g. sunscreen and a hat.
- \* Students should bring adequate water to drink. They will be encouraged to drink when necessary during the day.
- \* Asthma medication should be carried by the competitors and used as required.

Please note: If your child has a medical condition that will preclude or limit involvement, please indicate this on the following section.

Mr B. Samuels  
Athletics Carnival Co-ordinator

Mrs K Hudswell  
School Principal

I give permission for my son / daughter \_\_\_\_\_ of class \_\_\_\_\_ to take part in the school athletics carnival at Blair Oval, St. Mary's on Friday 27<sup>th</sup> July 2018 understand that students will travel to Blair Oval by bus and the cost for this is \$8.00

Special needs of my child that you should be aware (eg allergies, medication, etc)

To the best of my knowledge he/she has no medical condition, disability or injury which puts him/her at risk in participating in the Carnival. In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Medicare No. \_\_\_\_\_ (for use at medical centres)

Contact Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Signature of Parent/Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE COMPLETE AND  
RETURN THIS SECTION  
TO THE SCHOOL OFFICE,  
WITH PAYMENT OF  
\$ 8.00 BY Wednesday 4th  
July 2018.**