



## Blackwell Public School

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21<sup>st</sup> March, 2018

### BLACKWELL CROSS COUNTRY – Friday 4<sup>th</sup> May, 2018

**WHEN** – The Primary Cross Country Carnival will take place on **Friday 4<sup>th</sup> May, 2018**.

**WHERE** – The cross country will take place at Saunders Oval (Cnr Blackwell Ave and Banks Dr, St Clair).

**TIME** – 11.00 am – Walk to Saunders Oval  
1.10pm – Return to school.

**RACE DETAILS** – Juniors (8, 9 and 10 years old) will run 2 laps (2 km). Seniors (11 and 12 years old) will run 3 laps (3 km). The first 8 competitors will qualify for the District Cross Country while 9<sup>th</sup> and 10<sup>th</sup> placements will be reserves.

**ORDER OF EVENTS** – 8 and 9 years Boys and Girls, 10 years Boys and Girls, 11 years Boys and Girls, 12 years Boys and Girls.

**COMPETITORS** – All children will be encouraged to compete, even if it is only to power-walk or jog the first lap.

**PARENTS** – Parents are welcome to come and support the runners. Parents may sign out their children at the office.

**Please complete the attached permission note and return it to your CLASS TEACHER by Thursday 12<sup>th</sup> APRIL, 2018.**

**K Hudswell**  
Principal

**H Farag**  
Organiser

**Please return to CLASS TEACHER by Thursday 12<sup>th</sup> APRIL, 2018.**

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the School Cross Country Carnival to be held on **Friday 4<sup>th</sup> May, 2018**. I understand that students will be leaving school grounds and walking to Saunders Park to participate in the cross country event. To the best of my knowledge, my child has no medical condition, disability or injury which puts him/her at risk participating in this sporting activity.

(Please write any special needs of your child below, e.g. asthmatic, allergies or any medications being taken).

In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that may be required.

**Medicare No.** ..... **Contact No.: Mobile** .....

**Home Phone:** ..... **Emergency Contact** .....

**Signature of Parent/Caregiver**..... **Date** .....