



# Grose View Public School

~ A future focused school ~



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4 May 2021

Dear Parents/Carers

## DISTRICT CROSS COUNTRY

Your child, \_\_\_\_\_, has been selected to attend the Hawkesbury District Cross Country carnival which will be held at Bensons Lane Sporting Fields, Richmond on **Friday 21 May 2021**.

All children will need to wear school sports uniform and sturdy footwear (not spikes).

All families will need to organise their own transport to and from Richmond. Please advise the school office if you cannot transport your child to and from Richmond.

Children will need to be at Bensons Lane Sporting Fields by **9.30 am** so that we can participate in walking the course which will commence at 9.45 am. Mr Carter and Mrs Harrington will be attending.

The program for the day is as follows. **Please note: There are no specific start times except for the first race. The next race will commence when the previous race has been completed.**

TIME	RACE
<b>9.45 am</b>	<b>Walk the course</b>
<b>10.40 am</b>	8/9 Year Girls 2000 m
Followed by	8/9 Year Boys 2000 m
	10 Year Girls 2000 m
	10 Year Boys 2000 m
	11 Year Girls 3000 m
	11 Year Boys 3000 m
	12/13 Year Girls 3000 m
	12/13 Year Boys 3000 m
<b>PRESENTATION</b>	

The cost to enter the carnival is **\$6 per child** payable to Grose View Public School. Please return permission note before **Friday 14 May 2021**.

A canteen will operate on the day with hot food, snacks and drinks.

No pets are allowed to attend the carnival.

Yours sincerely

Mrs Belinda Harrington  
Co-ordinator

Mr Matt Carter  
Principal

GROSE VIEW PUBLIC SCHOOL

District Cross Country Permission Note



My child \_\_\_\_\_ of class \_\_\_\_\_ is invited to participate in the District Cross Country Carnival on Friday 21 May 2021 at Bensons Lane Sporting fields, Richmond

- I **give permission** to attend
- I **do not give permission** to attend
- I enclose \$6 cash/cheque
- I paid \$6 via POP. Receipt: \_\_\_\_\_
- I understand I must make transport arrangements for my child.

Emergency contact phone number for 21 May: \_\_\_\_\_

Special needs of my child which you should be aware of (eg, asthma, allergy, medication): \_\_\_\_\_

To the best of my knowledge, he/she has no medical condition, disability or injury which puts him/her at risk in participating in this activity.

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_