



Grose View Public School

~ A future focused school ~



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8 May 2022

Dear Parents/Carers

ZONE CROSS COUNTRY

Your child, _____, has been selected to attend the Hawkesbury Zone Cross Country carnival which will be held at Hawkesbury Show Ground, Richmond on **Friday 27 May 2022**.

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 Hawkesbury Showground by **9.30 am and sign in with Miss Rieck**, so that we can participate in walking the course which will commence at 9.45 am. Mr Carter and Miss Rieck 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
9.45 am	Walk the course
10.40 am	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
PRESENTATION	

The cost to enter the carnival is **\$7 per child** payable to Grose View Public School. Please return permission note before **Wednesday 17th May 2022**.

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

No pets are allowed to attend the carnival.

Yours sincerely

Miss Rieck
Zone Cross Country Co-ordinator

Mr Matt Carter
Principal

GROSE VIEW PUBLIC SCHOOL

Zone Cross Country Permission Note



My child _____ of class _____ is invited to participate in the Zone Cross Country Carnival on Friday 27th May 2022, at Hawkesbury Showground.

I **give permission** to attend I **do not give permission** to attend

I enclose \$7 cash I paid \$7 via POP. Receipt: _____

I understand I must make transport arrangements for my child.

Emergency contact phone number for 27th 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: _____