

Region Athletics 2018

Friday 21st September 2018

Dear Parents/Guardians,

Your child has been successful in qualifying to be part of the Cardinia Division athletics team to compete at the Region Athletics Finals in 2018.

When: Thursday 18th of October 2018.

Time Students will need to be at the track no later than 30 minutes before the 'rough guide' time on the attached program.

Please Note The organiser reserves the right to start any event prior to, or later than, the time shown on the program. These times are only to be used as a rough guide.

Where: Cranbourne Athletics Track, 160 Berwick-Cranbourne Rd, Cranbourne East Melways Ref. 134 E7

Transport: Private transport

Cost: Free if we have enough parent helpers for transport.

Special requirements: Your child will need to bring appropriate footwear and clothing (shorts are recommended) to change into; school uniform must be worn to and from the event. The students will need to bring a drink bottle, lunch and healthy snacks, hat and sunblock, a coat and asthma medication if required.

How can you help: Parents who are available to help with team supervision are required. If you are able to help, please fill in the appropriate section at the bottom of the permission form.

Due date for notice: Monday 15th of October at 9:00am

Regards, Anthony Cole
Physical Education Coordinator.

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(Please detach and return to school by Monday 15th of October at 9:00am)

Beaconsfield Primary School - Region Athletics 2018

Student's Name: Student's Grade

I consent to my child taking part in **Region Athletics 2018 on Thursday 18th October** and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

- Consent my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Contact number for this excursion:

Signature of parent/guardian:

Date:.....

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

I am able to help at the Region Athletics on Thursday 18th October and **I have a current Working With Children Card that is registered with Beaconsfield Primary School.**

Name

Contact Phone Number

Working with Children's card Number.....



BEACONSFIELD PRIMARY SCHOOL
INDEMNITY FORM – FOR USE OF PRIVATE MOTOR VEHICLE

THIS FORM MUST BE COMPLETED & RETURNED

OPTION 1: TO BE COMPLETED IF YOU ARE DRIVING YOUR OWN CHILD

I give permission for my son/daughter _____ to be transported in my car.

Does your car have Private Comprehensive Insurance?

Yes No (Please circle)

Registration No. _____

Event: Regional Athletics

When: Thursday 18th October

Where: Cranbourne Athletics Track, 160 Berwick-Cranbourne Rd, Cranbourne East Melways Ref. 134 E7

Time: You were given a program on the Division Athletics day. Remember '**these times are only to be used as a rough guide**'. Please arrive at the track **at least 30 minutes** before your event.

If, due to unforeseen circumstances, I am unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

(Option 2 must then be completed).

Parent's Name: _____

Signature: _____ Date: _____

Emergency phone number if contact needs to be made ON THIS DAY _____

OPTION 2: TO BE COMPLETED IF YOU REQUIRE YOUR CHILD TO BE DRIVEN IN ANOTHER CAR

I give permission for my son/daughter _____

to be transported by private car which is covered by Private Comprehensive Insurance.

Event: Regional Athletics

When: Thursday 18th October

Where: Cranbourne Athletics Track, 160 Berwick-Cranbourne Rd, Cranbourne East Melways Ref. 134 E7

Time: You were given a program on the Division Athletics day. Remember '**these times are only to be used as a rough guide**'. Please arrive at the track **at least 30 minutes** before your event.

If, due to unforeseen circumstances, the nominated driver is unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

Parent's Name: _____

Signature: _____ Date: _____

Emergency phone number if contact needs to be made ON THIS DAY _____

OPTION 3: TO BE COMPLETED IF YOU ARE ABLE TO TRANSPORT EXTRA CHILDREN IN YOUR

I have a current Working With Children Card and it is registered with Beaconsfield Primary School.

Name _____

Contact Phone Number _____

Working with Children's card Number _____

How many children can you safely transport in your car? _____ (Please fill in a number)