Dear Parents,

All children from grades 3 - 6 will be involved in the House Athletics day / trials on **Wednesday 30th July**, with our back up day being **Friday 8th August**. Our House Athletics day / trials will be held at Victoria University Werribee. The cost for the day is $3:00.

Children will be required to wear their full sports uniform on the day. They may wear a t-shirt or ribbons in their hair representing their House colour, but please no face paint or coloured hairspray. Children must bring their own snack, lunch and drinks for the day. Please make sure your child has packed a coat in the event the weather is extremely cold.

To help with the recording and organization for our Athletics Carnival, if you are able to assist on the day it would be greatly appreciated.

Yours Sincerely,

Leanne Stafford
P.E. Teacher / Sports Coordinator.

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**PLEASE RETURN NO LATER THAN MONDAY 28TH JULY 2014**

I ________________________ (Please write the name of person volunteering to assist on the day).

My child's Class is __________

☐ Yes I have a Working with Children Certificate

Please tick when you would be able to assist.
☐ I can travel on the bus and assist for the whole day.
Have own transportation to the venue
☐ I am able to assist for the whole day.
☐ I am able to assist on an event between 9:30 - 11:30am.
☐ I am able to assist on an event between 11:30 - 1:30.
I give permission for my child ______________________ of Grade____________ to participate in the Athletics Trials at Victoria University on Wednesday 30th July 2014 (or on Friday 8th August 2014, if required due to inclement weather). I am aware that my child will be transported by bus to and from the venue.

Emergency contact number for the day is________________________________________

Please provide details of any medical conditions of which the person in charge of my child's group would need to be aware

________________________________________

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the excursion to:

Consent to __________________________(child's name) receiving such medical or surgical assistance as is recommended by a medical practitioner in the event of any illness or accident:

- Administer or consent to such first aid as the teacher in charge of the excursion may consider being reasonable necessary in the event of illness or accident.
- I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for the payment of all expenses incurred in relation to such treatment and any emergency transportation required.
- I also accept that my child may be returned home early from the excursion or activity in the event of serious misbehaviour and that any cost associated with this will be met by me.

Signature________________________________ Date__________

(Parent/Guardian)

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