



Sacred Heart Catholic Primary School

Cnr Waratah & Keenan Street, Mona Vale NSW 2103

T: (02) 9999 3264

W: www.dbb.org.au/schools/shmv • E: shmv@dbb.catholic.edu.au

23 July 2019

Dear Parents,

Our School Athletics Carnival will be held this year at the Sydney Academy of Sport, Wakehurst Parkway, Narrabeen on **Friday, 9 August 2019.**

The children will travel by bus to the Athletics Field. The buses will leave school at 9.00 am and return by 2.45 pm. At the end of the carnival parents have the option to take their children home. Please indicate on the permission note if your child(ren) will be going home with you or travelling home on the bus. If you are taking your child home after the carnival, you will need to see your child's teacher at the carnival to have your child(ren)'s names marked off before you leave.

The children should wear their sports uniform with the option to wear a plain coloured t-shirt appropriate to their colour house. They are to bring a hat, sunscreen, warm clothes, morning tea, lunch and refreshments. All races and events will be straight-out finals with ribbons awarded, however there will be 100m finals for the fastest 8 times from each age group (time permitting).

The carnival will be run in age groups. All students will be able to compete in all events on the day.

Each child will compete in a **compulsory** running event:

- ❖ 5 yrs, 6 yrs, 7yrs – 50m and 70m (not timed)
- ❖ 7yrs (Year 2), 8yrs, 9yrs, 10yrs, 11 yrs, 12yrs and 13yrs – 100m (timed)

Please note for the Junior Carnival, all events except the 50m, 70m and 100m will take place on the grass area in the centre of the track. Infants' students will have the opportunity to participate in field events (with age appropriate equipment), relays and other running events within the centre of the track.

A team to represent Sacred Heart for the Northern Beaches Athletics Carnival will be chosen from results on the day.

If you are able to volunteer at the carnival please indicate on the permission form. Your help would be very much appreciated to make the day a success.

To assist in planning the day, please complete the attached permission note and parent helper form and **return these forms to your child's class teacher NO LATER THAN Monday, 29 July.**

Please note EACH child needs their own permission slip, please don't send it in as a family.

Yours sincerely,

Stephanie Munro

Stephanie Munro

ATHLETICS CARNIVAL CO-ORDINATOR

PLEASE RETURN WHOLE FORM - DO NOT CUT

Sacred Heart School Athletics Carnival, Friday 9 August 2019

Please complete the entry form, helper form (if applicable) and permission note and return both WHOLE PAGES to school. (Please write your child's name on all sections)

ENTRY FORM

Child's Name : Class :

Colour House: Date of Birth: Age (turning this year):

Age: (turning / turned this year - this is the age as at 31 December 2019) please tick:

5yrs 6yrs 7yrs 8yrs 9yrs 10yrs 11yrs 12yrs 13yrs

High Jump: Due to Athletics Safety Requirements students are only able to compete in high jump if they have been trained at a Little Athletics level. This event will start at 8am. Parents are required to transport their child to the venue (please arrive by 7:45am)

Competing in high jump (please tick)



PARENT VOLUNTEERS

Please meet at 9.15am at the official's table for a briefing session prior to the Carnival. All volunteers will be needed. Thank you.

I..... (Parent's Name- please print) am able to assist at the Sacred Heart Athletics Carnival.

I have a preference for the following:

- Marshalling Judge Timekeeper Catering
- Junior Skills Events Field Events (Discus, Long Jump, Shot put)
- Recording Table Ribbons Any job

Eldest Child's name:Class:

PERMISSION NOTE

I give permission for my child class to travel to the Sydney Academy of Sport, Wakehurst Parkway by bus, and to participate in the School Athletics Carnival at Narrabeen on Friday, 9 August 2019.

Please tick the appropriate transport box:

- My child will be catching the **BUS** back to school
- I will be taking my child **HOME**.
- My child is competing in high jump. I will transport my child to the venue.

Medical Information:

Will it be necessary to give any medication whilst on this excursion? **YES / NO (please circle)**

If yes please state

Does your child have any medical condition of which the teacher should be aware?

Does your child have any allergies (eg insect bites, food)? **YES/NO** If yes, please give details

Emergency contact person for this day is

Contact number for this day

is.....

Signed: **Date:**.....

(Parent / Guardian)