



Valley View Public School

Respect, Responsibility, Personal Best

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6 May 2021

BRISBANE WATER PSSA ZONE CROSS COUNTRY CARNIVAL



Dear Parents/Carers,

Your child of class has been selected to represent our school at the Brisbane Water PSSA Zone Cross Country Carnival at Wyoming Public School on **Friday 21st May 2021** (with a back-up date of Friday 28th May 2021). Your child has been successful in qualifying for the following events:

Entry for this Carnival is **\$3.00 per competitor**. This needs to be paid to the front office **before the carnival** along with the signed permission note. No money and notes will be accepted on the day. There is no spectator fee for this carnival.

- Parents/Carers must organise private transport to and from the venue for their child. Competitors and spectators must not arrive at the venue until **after 9.30am**. No one will be allowed to enter the venue before this time.
- All competitors will walk the track prior to the first event, which will get underway at approx. 10.00am. We anticipate the carnival to finish around 1.30pm.
- Students are required to wear their school sports shorts (navy) and wear appropriate running shoes. They will be provided with a school sports singlet at the carnival. We encourage students to bring along a chair, towel, tarp or rug to sit on as the grass may be damp.
- It is advisable to bring lunch, snacks and lots of water.
- Throughout the day, **students MUST stay in the school's designated seating area with the Team Manager (Mrs Hollingsworth) at all times**. The only time students should be away from their seating area is when they need to use the toilet, purchasing merchandise or are competing. No one should be out of bounds at any time.
- Parents/carers attending on the day are to remain in the parent spectating area and are not allowed on the track. Photos are to be taken of your own child.
- New BWPSSA merchandise will be available to purchase on the day from 10.00am. Please remember that it is **CASH ONLY**.
- If the carnival is cancelled due to weather, please listen to 2GO (107.7FM) for any updates or cancellations. Or please check the 'Brisbane Water PSSA' or 'Valley View' Facebook page – all updates will be on there.

This year Mrs Harpur and Mrs Turner will be officials at the carnival and Mrs Hollingsworth will be the student team manager. If you have any questions at all, please feel free to contact me.

Yours sincerely,


Sarah Hollingsworth
Organiser


Kirsty Squires
Principal

VALLEY VIEW PUBLIC SCHOOL- PERMISSION NOTE

PLEASE FILL IN AND RETURN TO YOUR CLASSROOM TEACHER

PSSA ZONE CROSS COUNTRY

I hereby consent to my son/daughter Year Class
to participate in the PSSA Zone Cross Country Carnival at Wyoming Public School Friday 21st May 2021.

- I understand students will travel with parents to and from the Carnival
- I understand that there is \$3.00 for competitors
- I understand that a written permission note must be given to the organising teacher if your child is travelling home/being picked up by another parent. Name of Parent picking up your child
- I understand that this permission slip will cover this event/date and any other date **relating to this event** that is changed due to circumstances beyond the schools control
- Permission for photos / Publish (including social media) Yes / No

Parents please note there is no personal injury insurance provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school sport associations when deciding whether your child should attend, whether additional insurance cover, above that provided by Medicare, is required.

Signed Date
Parent / Caregiver

Medical Information Form – this section **MUST** be filled out

Parent / Caregiver details:

Name.....

Address.....

Phone: Home Work Mobile

Medicare Number

I do / do not give permission for my child to receive medical treatment in case of emergency

Doctor details:

Name

Address.....

Phone: Home Work Mobile.....

Emergency Contacts: (if parents are unable to be reached)

Name Phone.....

Name Phone.....

Existing medical conditions or illnesses: (asthma, diabetes, epilepsy, allergies, etc) Outline treatment -

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Outline **special dietary needs** including possible reaction to inappropriate diet -.....

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Medications to be administered during the excursion: Include name, instructions and time for

administration and any possible reactions -.....

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Signature **Date**

Privacy Notice: The information provided on this form is being obtained for the purpose of safety on the excursion. It will be used by NSW DET for obtaining medical assistance if required. Provision of this information is required by law. It will be securely stored.