Dear Parents and Carers,

The St Benedict’s annual Cross-Country Carnival will be held on **Friday 8th April 2016** at the Jerrabomberra Oval. It is a whole school event. Every student is encouraged to participate. Place ribbons for first, second and third will be awarded for the results of each year group. Ribbons and participation certificates are handed out at assembly.

**Representation at South Weston 12&U Cross Country event:** Students representing the school at the South Weston 12&U event will be selected based on qualifying times provided by the organisers. Races at the SW 12&U event begin at age 8.

**Uniform:** Students will need:
- wear sports uniform (label)
- school hat
- sunscreen
- drink bottle

**Food and drink:** students may take across their fruit break and their drink bottle. We will return to school in time for morning tea.

**Parent Assistance:** To help the day run as smoothly as possible we will need some parents to act as officials that morning. If you know that you will be free and are able to assist could you please indicate this on the permission form.

Attached is the permission form for the event. Please return by **Friday 1st April, 2016**.

Thank you for your support. We look forward to a fun day!

Rachel Smith & Meaghan Younger
*Cross-Country Carnival Coordinators*
CROSS-COUNTRY CARNIVAL 2016 PERMISSION SLIP

Child’s Name: ________________________________ Date of Birth: __________________

School Statement:
This excursion has been carefully planned. Supervision of pupils will be conscientiously carried out. Students are expected to follow all rules and procedures in place. Parents may be contacted if their child places themselves or others at risk due to non-compliance.

Parent Consent:
As Parent/Guardian of the above named student, I give my consent for him/her to participate in the Cross-Country Carnival at the Jerrabomberra Oval on Friday, 8th April, 2016 travelling by foot.

I authorise the teachers to obtain medical assistance which they deem necessary should an accident occur. Listed below are specific medical requirements or other needs relevant to my child participating for this excursion.

<table>
<thead>
<tr>
<th>Medical Condition (e.g. allergies, asthma)</th>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Emergency Contact (for 8th April):

Name: ________________________________ Phone: ________________________________

Parent/Guardian Signature ________________________________ Date ____________________

I will be available to assist on the 8th April 2016 at the Cross-Country Carnival.

Child’s name: ________________________________ Year Level: ____________________

Parent’s name: ________________________________________________________________

I do/do not have a Working With Vulnerable People card.

Phone: ____________________(H) ____________________(W) ____________________(mob)