



# St Benedict's Primary School

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## **ST BENEDICT'S ANNUAL CROSS-COUNTRY CARNIVAL 2017**

Complete the attached form and return it to school **no later than Thursday 30<sup>th</sup> March 2017.**

Dear Parents and Carers,

The St Benedict's annual Cross-Country Carnival will be held on **Monday 3<sup>rd</sup> April** 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:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> wear sports uniform (label) | <input type="checkbox"/> sunscreen    |
| <input type="checkbox"/> school hat                  | <input type="checkbox"/> 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 **Thursday 30<sup>th</sup> March 2017.**

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

Melanie Stratford & Meaghan Younger  
*Cross-Country Carnival Coordinators*

**CROSS-COUNTRY CARNIVAL 2017 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 **Monday 3<sup>rd</sup> April**, 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.

| Medical Condition (e.g. allergies, asthma) | Treatment Plan |
|--|----------------|
|  |                |

Emergency Contact (for 3<sup>rd</sup> April):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**I will be available to assist on the 3<sup>rd</sup> April 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)