



INTERSCHOOL ATHLETICS CARNIVALS 2019

Congratulations! You have earned a spot in the MADELEY INTERSCHOOL ATHLETICS TEAM for 2019. Please ensure that both you and your parents/guardians carefully read the important details attached. Parents, if your child will be absent please inform me asap at jarred.moon@education.wa.edu.au

Programs and a competitor list are included with this note. **Some students are competing both days and some students just the one day.**

Year 1-3 students will be finished all their events by 11:30 on the Thursday. We require parents to sign them out with Mr Moon at this time. Students can remain with their parent or be returned to school. If you need another parent to sign your child out please inform Mr Moon via email.

Year 4-6 students in the team games only will be participating after the lunch break as per the program.

The school is paying the bus fare for both carnivals.

If it rains, the back-up day for both carnivals is the following day. The details are as follows:

Date of Jumps, Throws, 400m, 800m

Venue

Time

Tuesday 17/9/19

Landsdale PS

9:30am start

Date of Running Races and Team Games

Venue

Time

Friday 19/9/19

Landsdale PS

9.30am start

What to bring Hat, water bottle, **school sport shirt**, navy blue shorts/skirt, recess, lunch, sunscreen, wet weather gear, suitable footwear.

Parents, we ask that ALL students wear a Madeley sport shirt. If your child does not own one, then one will be provided for the day.

Students will compete bare foot unless I am told otherwise. **Please fill out the consent form on the next page and return to Mr Moon by this Friday 13th September.**

Thankyou

Mr Jarred Moon
PE Teacher
September 2019

CONSENT FORM – Interschool Athletics 2019

Student Name: _____

Parent Name: _____

Contact Number: _____

Please tick each box to give consent

☐

I give permission for my child to travel by bus to and from the athletics carnival(s).

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I will ensure my child wears full school uniform **including the sport shirt**. I understand a sport shirt will be provided if my child does not have one.

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My child's medical details are up to date at the school office and I give permission for my child to receive medical attention if necessary.

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I will sign my Year 1-3 child out with Mr Moon at 11:30 or inform him via email if another adult is signing my child out.

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I understand Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed : _____ (parent/guardian) Date: _____