Dear Parents,

The Primary Catherine McAuley Athletics Carnival will be held on Tuesday 22nd March 2016, at James Sheahan Catholic School Oval. The carnival will commence at approximately 9:30am.

Please fill in the attached note giving permission for your child to attend and return to school as soon as possible.

**Important Information:**
- All children are to come to School before the carnival.
- wear sports uniform, including school hat & blockout / sunscreen
- bring recess, lunch & drinks for the day
- something to sit on if the ground is damp

**There will be canteen operating:**
- Sausage Sandwich $2.00 (1 Piece of bread and a thin sausage)
- Various lollies 20c - $1.00
- Bottle Water $2.00
- Cans of soft drink $2.00
- Middleton Iceblocks – Tubes $0.60

**Order of Events**

9:15am - Students assemble at school and leave for James Sheahan on buses / Officials assemble at James Sheahan

9:30am - Marshalling & Events commence

800m Finals
- Junior Boys/Junior Girls
- 11yrs Boys/11yrs Girls
- Senior Boys/Senior Girls

*Boys Track Events held concurrently with Girls Novelty Events & vice versa*

<table>
<thead>
<tr>
<th>Boys Track Events</th>
<th>Girls Novelty Events</th>
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<tbody>
<tr>
<td>100m Heats 8yrs, 9yrs, 10yrs, 11yrs, 12 yrs 200m Timed Finals</td>
<td>Novelty events– held on the back oval. High Jump / Shot Put</td>
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**Recess**

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**Lunch**

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<th>100m Finals</th>
<th>9yrs, 10yrs, 11yrs &amp; 12 yrs</th>
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**Relay Finals**

| Junior Boys, Senior Boys, Junior Girls & Senior Girls |

**Presentations (about 2:30pm)**

Looking forward to a great carnival.

Steve Maguire & Camille Da Silva Tavares
10th March 2016
I ………………………………..parent/guardian of ………………………………..hereby:
Give permission for ……………………………….. in class …….. to attend the Athletics Carnival at Norton Park, James Sheahan Catholic High School on Tuesday 22\textsuperscript{nd} March 2016. If my child has nominated for Discus I give them permission to walk to and from Jaeger Oval on Friday 18\textsuperscript{th} March to take part in the event.

1. Consent to my child travelling by bus where relevant.

2. Consent to my child participating in all activities, arranged as part of this excursion.

3. Consent to the school when seeking medical advice on my behalf to care for my child in the event of accident or illness. I also understand that the school will not be responsible for the costs of any medical attention or treatment administered.

4. Certify that if my child should exhibit behaviour that seriously endangers themselves or others, I will be contacted to collect them from a designated point.

Please answer the following medical questions about your child:
1. Does your child need to take any form of medication on the excursion?  Yes / No
2. Is this medication located at school already.  Yes / No

Emergency contact in the case of accident or illness:
Name………………………………………………..Phone…………………………………
I understand that the information I provide on this form will be handled in accordance with relevant Privacy legislation.
Signature: ………………………………………………….Parent / Guardian

Alternate arrangements for leaving the carnival:
___________________________________________________________________________
___________________________________________________________________________
Signed: ___________________________________   Date: __________________________