

27 October 2020

**Interschool Athletics**



Dear Parents

Your child has qualified to represent the school at the forthcoming Interschool athletics carnival. This year the carnival will be held at the WA Athletics stadium, near Perry Lakes reserve, on **Tuesday 10<sup>th</sup> November**.

With all events being packed into one day we will be required to leave school at 8am therefore it is essential that all students arrive at school by **7:45am** in order for a prompt departure.

The first event is due to begin at 9am and all presentations should be completed by 2:20pm enabling us to return in time for the usual end of the school day. A program of events will be provided nearer to the time however actual start time of events cannot be guaranteed.

Students need to come equipped with plenty of water to last a full day as well as food and snacks. The school polo shirt (not faction shirt), hat and sunscreen are mandatory as well as shoes suitable for running. The students are permitted to wear plastic spikes but not metal ones and will not be allowed to run any events barefoot.

The total cost for the excursion will be \$6.00 to cover transportation.

Kind regards

Matt Gibson

Physical Education Specialist

Please return the permission slip overleaf to the front office by **Friday 6<sup>th</sup> November**.

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**Interschool Athletics at WA Athletics Stadium**

I consent to \_\_\_\_\_ participating in an excursion to the WA Athletics Stadium on **Tuesday 10<sup>th</sup> November**.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent. Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment/ambulance transportation as may be considered necessary. I am aware that Education Department insurance does not cover personal accidents through misadventure, loss or damage of personal belongings.

Signed.....(Parent/guardian)

Date.....

**ATTADALE PRIMARY SCHOOL – PAYMENT SLIP**

Student: \_\_\_\_\_ Room # \_\_\_\_\_

Name of event: \_\_\_\_\_ Permission Slip attached:

Payment Amount: \$ \_\_\_\_\_ Payment Method: *Please circle*

Cash / Cheque / Credit Card / Bank Transfer/ Upfront Payment (Deduct from Account)

C/C # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Attadale PS: BSB 066 163 Account 0090 3316** Transfer receipt #: \_\_\_\_\_  
(Please use name as reference)