

8<sup>th</sup> October, 2019



## **2019 Eastern Metropolitan Region Track and Field Championships**

Dear Parents,

Congratulations to our five students who qualified for the Regional Athletics next Thursday. I will be driving to the event and can take up to four passengers.

If any parent is willing to drive their own child, please let me know so we can get everyone there safely. If coming with me, please be at school at 8.25am so that we can arrive at the track in time for the first event. All parents are welcome to come along and support the students.

**Date:** Thursday 17<sup>th</sup> October, 2019  
**Cost:** \$8 per event entered  
**Time:** 8.30am – 1:30pm  
**Venue:** Bill Sewart Athletics Track, Burwood East Reserve, Burwood Hwy,  
Burwood East, VIC, 3151

Students should dress appropriately for athletics with school singlet (provided) and shorts and bring warm clothes to wear before and after their event.

Your child will need to bring morning snack/fruit, lunch and a water bottle.

Please return the attached signed permission form, together with \$8 per event, to the General Office before Tuesday 15<sup>th</sup> October.

Kind Regards,

Sam Hayes  
PE and Sport Coordinator

## 2019 Eastern Region Track and Field Championships Private Travel Authority

I, \_\_\_\_\_, understand that in order for my son,

\_\_\_\_\_ to participate in the **Monash-Waverley Regional Athletics** it is necessary for him to be transported in a private car driven by a teacher or parent. The name and details of the driver are listed below.

I understand that the vehicle is registered and is covered by comprehensive insurance (As required by the Department of Education and Training).

Driver: Sam Hayes
Vehicle Make: Holden Astra Comprehensive Insurance: RACV Registration No. 1QB8JL

**Destination:** Bill Sewart Athletics Track, Burwood East Reserve, Burwood Hwy, Burwood East, VIC, 3151

**Date:** Thursday 17th October

**Time of Departure:** 8.30am

**Time of return:** 1.30pm

*Having been provided the above mentioned information, I give permission for my son/daughter to travel as detailed and participate in the athletics competition. I further agree that the only manner in which a claim can be made in the event of an accident will be through the normal channels relating to motor vehicle accidents.*

*Where the teacher in charge of the excursion is unable to contact me, or it is impracticable to contact me, I authorise the teacher in charge to:*

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner*
- Administer such first aid as the teacher in charge may judge to be reasonable / necessary*

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

☐ Entry fee of \$8.00 per event is enclosed.

***This form is to be completed and returned to the school office prior to attending the event.***

***A copy of the form must be taken to the event by the driver of the vehicle.***

9.15am	1500m	Shriman
10.40am	11yo High Jump	Finn
12.30pm	Relays	Gabe, Mitch, Finn and Matt