



15<sup>th</sup> March, 2017

## **Cross Country 2017**

### **PERMISSION DUE BY WEDNESDAY 19<sup>TH</sup> APRIL 2017**

Our school cross country for students in Years 4 – 6 is being held on Friday 21<sup>st</sup> April (**\*first Friday back in Term 2\***) at One Mile Ovals beginning at 10.00am. The students will travel by bus to and from the venue. The distance of the run will be **2kms** for 9 and 10 year olds (2008/2007) and **3kms** for 11 & 12 year olds (2006/2005). St. Patrick's College will be joining us towards the end of our carnival to allow all the 12 year olds, from both schools, to compete together.

**Students with medical conditions/issues that would restrict them from participating will need a note of explanation from their parents.**

#### **PROGRAM FOR THE DAY**

<b>9.30am</b>	<b>Depart school for One Mile Ovals</b>
<b>9.45am</b>	<b>Students organised into age groups, officials in place on course</b>
<b>10.00am</b>	<b>Races begin 2007 Boys/Girls, 2006 Boys/Girls, 2005 Boys/Girls 2004 Boys/Girls (morning tea)</b>
<b>11.00am</b>	<b>Lunch for students who have raced</b>
<b>11.30am</b>	<b>2004 Boys/Girls race with 2004 Boys/Girls from College</b>
<b>12.15pm</b>	<b>Depart One Mile Ovals for school</b>

The successful 10 & 11 & 12 year olds at this event, will have the chance to represent St. Patrick's in the Gympie District Cross Country. The distances of the zone event will be the same as the school event.

#### **Gympie Zone Nominations:**

Schools may nominate up to 5 competitors in each Age Division for Boys and Girls in the Primary trials but we are to use our discretion. At the Zone Cross Country, students will **only** be competitive if they are able to run within a pace of **6 minutes per kilometre** (i.e. 2km-12min, 3km-18min).

#### **STUDENTS WILL NEED TO BRING THE FOLLOWING ITEMS:**

- Wear their school uniform – a preferred pair of running shorts and running shoes is optional
- Water bottle
- Hat
- Apply sunscreen prior to the event and have some to reapply.
- Bring a snack – a piece of fruit such as a banana or honey sandwich are good recovery foods.

#### **We will need assistance from parents for the following:-**

- **Approximately 10 to 15 willing helpers for assistance on and around the course.**
- **6 – 8 parents from 2.00pm to assist with packing up.**

Please email Geraldine Grimish ([ggrimish@bne.catholic.edu.au](mailto:ggrimish@bne.catholic.edu.au)) or Joe Laffey ([joseph.laffey@bne.catholic.edu.au](mailto:joseph.laffey@bne.catholic.edu.au)) if you are able to assist. If paper copy received, please complete below and return to the school office.

To give your child permission to attend the Cross Country please reply to this email or send a paper permission note back to the Office. Your email response will give permission for your child to participate in the Cross Country Carnival and travel on the bus under the care of St. Patrick's School Staff. You also agree to delegate authority to the teachers and assistants involved in the Cross Country Carnival. Such persons may take whatever action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group or individually at the Cross Country.

*It is important that you advise the school if there have been any changes to the medical information we have on record as our school's Administration of Medication to Students procedures also apply while we are on camps and excursions.*

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**2017 Cross -Country Permission Note**

As a parent/guardian of..... (BLOCK LETTERS) Year .....

I, .....(BLOCK LETTERS) give my permission for him/her to participate in the Cross Country Carnival on Friday 21<sup>st</sup> April and travel on the bus under the care of St. Patrick's School Staff and agree to delegate my authority to the teachers and assistants involved in the Cross Country Carnival.

Such persons may take whatever action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group or individually in the above-mentioned activity. I also authorise the teachers and their assistants to obtain medical assistance and ambulance transportation, which they deem necessary should illness or an accident occur. I agree to pay all expenses incurred on behalf of the above student.

SIGNED..... DATE:.....  
Parent/Carer

**Please Note: It is important that you advise the school if there have been any changes to the medical information you supplied on the form which was sent home earlier this year as our school's Administration of Medication to Students procedures also apply while we are on camps and excursions.**

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Please tick the appropriate box.

- I am able to assist at the Cross Country Carnival on Friday 21st April at One Mile Ovals.
- I am unable to assist at the Cross Country Carnival on Friday 21st April at One Mile Ovals.

Name: .....

Contact Number .....