



Education &
Communities

Glendenning Public School

135 Armitage Drive
GLEDENNING, NSW 2761

Ph: 02 9832 8555

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Email: glendennin-p.school@det.nsw.edu.au



ATHLETICS CARNIVAL 2019

Dear Parents/Caregivers,

The Athletics Carnival will involve children from Kindergarten to Year 6. All students will have the opportunity to compete in races and participate in novelty events.

- Date:** Wednesday 3 of April, 2019
Time: 9 am – 3 pm
Venue: Charlie Bali Reserve – Knox Rd, Doonside
Transport: Bus
Cost: \$10
What to wear: Sports Uniform or House Colours (Dingo - yellow, Kangaroo - red, Crocodile - blue or Lorikeet - green)

Students are grouped according to the age they turn between January 1 and 31 December, 2019. Those aged 5-7 years may participate in 70 m races. Those aged 8-13 years may compete in 100 m, 200 m and 800 m races. Age groups are Juniors (8, 9 & 10 years), 11 years and Seniors (12-13 years). Heats will be timed and no finals will be held. Places will be decided by times. All students who place 1st, 2nd or 3rd in an event for their age group will receive a ribbon at a school assembly. Only students aged from 8-13 years can be selected to represent the school at the Blacktown Zone Athletics Carnival. Qualifying students will receive a note, closer to the Zone Carnival in Term 3, which will include relevant information.

Parents are invited to attend to watch and cheer. All students will be seated on the inside of the running track. Years 2-6 will be in house groups and K-1 will be seated in their classes. There is a lunch break scheduled from approximately 11.30 – 12 pm for parents to have a picnic with their children. At all other times, parents are asked to remain on the outside of the track.

Students should bring:

- lunch, morning tea and plenty of water (there are no bubblers on site);
- hat and sunscreen;
- appropriate footwear; and
- something to sit on e.g. towel or picnic blanket.

There is no canteen available at the reserve. Outside food, e.g. McDonalds, is discouraged as it does not support the Live Life Well @ School program. Parents are asked to assist the school by ensuring students are provided with a packed lunch.

All students are expected to attend the carnival and are encouraged to participate in events and support their house teams. Students will be awarded house points for participation in races. Please note that students WILL NOT be able to be 'signed out' of the carnival UNLESS sick or injured. Students are expected to travel back to school on the bus.

Please return the completed permission note and payment of \$10 by 9 am on Friday 29 March, 2019.

Mr D. Meaney
Principal
14 March 2019

Mr C. Bamford
2-6 Athletics Coordinator

Mrs A. Leyte
K-1 Athletics Coordinator



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Program of Events

Please note, times are approximate

Track events	Age group
10 am 400m	12 & 13 yrs
10.15 am 400 m	11 yrs
10.30 am 400 m	8, 9 & 10 yrs
10.45 am 200 m	8, 9 & 10 yrs
11am 200 m	11 yrs
11.15 am 200 m	12 + 13 yrs
11.30 - 12 Lunch & Toilet Break / Setting of track	
12 pm 100 m	8 yrs
12.10 pm 100 m	9 yrs
12.20 pm 100 m	10 yrs
12.30 pm 100 m	11 yrs, 12, 13
12:40 pm 800 m	All age 800m
1.30 pm Junior Relay	8, 9 & 10 yrs
Senior Relay	11, 12 & 13 yrs



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PERMISSION NOTE – ATHLETICS CARNIVAL – Wednesday 3 April 2019

(Please return this permission note and payment of \$10 to the office by 9 am by Friday 29 March, 2019)

I give permission for my child _____ of class _____ to attend the Athletics Carnival at Charlie Bali Reserve on Wednesday 3 April, 2019. I understand that travel will be by bus, departing school at 9 am and returning by 3 pm.

Parent/Caregiver Name – Please Print

Parent/Caregiver Signature

Date

Enclosed is \$10 for bus fare
OR

I have paid online with Reference Number:

My child _____ of class _____ **WILL NOT** be attending the Athletics Carnival because:

Parent/Caregiver Name – Please Print

Parent/Caregiver Signature

Date

EMERGENCY CONTACT INFORMATION – This section MUST be completed

Contact Name: _____ Number: _____

MEDICAL INFORMATION FOR STUDENT

Student's Medical Details

The approximate date of my child's last tetanus injection was: _____

My child is allergic to: _____

Any other medical details or special needs: _____



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