



St Gregory's Primary School

PO Box 723, Queanbeyan NSW 2620
Email: office.stgregs@cg.catholic.edu.au



23rd March 2018

Dear Parents and Carers,

RE: NORTHERN REGION CROSS COUNTRY CARNIVAL

Your child has been selected to represent St Gregory's School at the Northern Region Cross Country Carnival on Friday, 4th May 2018.

Venue: Braidwood Recreation Ground
Date: Friday, 4th May 2018 (Week 1, Term 2)
Time: 9:30am - Walk course, 10:00am - First event

PLEASE NOTE – The registration Fee applies to all students participating in the carnival, regardless of whether they catch the bus or make their own way to the carnival. \$5 per student

Canteen Facilities will be available.

Students are to wear sport uniform. Please bring clothing appropriate to the weather forecast as the carnival will go ahead even if it is raining.

We have booked a bus and we hope that all children will travel together. **The cost of the bus is an additional \$10:00 per person, ON TOP OF THE REGISTRATION FEE.** The bus will depart from MacQuoid Street at **8:00am** and return to school at the completion of the day. Due to the number of events, we are unable to provide a definite time for our return. Updates of our estimated time of arrival back at school will be posted in the afternoon on Facebook and Skoolbag app.

Please return the permission note, medical form and money by Friday, 6th April 2018.

Yours sincerely,

Matthew Maloney

NORTHERN REGION CROSS COUNTRY CARNIVAL – 4th May 2018
(Please return permission note, medical form and money to school by Friday, 6/4/2018)

- I give permission for my child..... in class..... to travel to Braidwood by bus to participate in the Northern Region Cross Country Carnival on Friday 4th May.
- I have enclosed \$15:00 to cover my child's bus fare and registration fee.
- My child will be attending by car and doesn't require bus transport **but enclosed is \$5 registration fee.**

SIGNATURE.....(Parent/Carer) Date.....

CONTACT TELEPHONE NUMBER ON THAT DAY.....

Low Street Campus
Ph: (02) 6297 1396 Fax: (02) 6299 1646

MacQuoid Street Campus
Ph: (02) 6297 2221 Fax: (02) 6299 3473

CANBERRA & GOULBURN SCHOOL SPORT CONSENT FORM

STUDENT DETAILS:

Surname: Christian or Given:

Date of Birth:
 Please circle and explain below:

Mobile: Home Phone Number:

PARENT/GUARDIAN DETAILS:

Surname: Christian or Given:

Email:

EMERGENCY CONTACT:

Name: Mobile:

Medicare or Medical Benefits No:

STUDENT MEDICAL DETAILS:

Heart Problems	YES / NO	Blood Pressure	YES / NO
Respiratory Problems	YES / NO	Operations	YES / NO
Allergies	YES / NO	Recent Illness	YES / NO
Travel Sickness	YES / NO	Drugs Required	YES / NO
Drugs Reactions (e.g., penicillin allergy)			

Is there any relevant medical information, relating to your child taking part in any swimming/ aquatic activities?
 Date of last Tetanus injection

Explanation/Other information? If yes please ensure all labelled medication is taken to event

PARENT/GUARDIAN CONSENT:

As a Parent/Guardian of I give my consent for him/her to participate in C&G Sport. and agree to delegate my authority to the staff and instructors involved.

Such teachers and instructors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above-mentioned student.

I submit the attached medical information about the above-mentioned student and include details of limitations, which he/she has for the activities concerned. I agree to pay the necessary costs levied on each competitor selected in the team.

I further authorise qualified medical practitioners to administer anaesthetic if such an eventuality arises.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I have sighted the Code of Conduct and agree that if my child seriously contravenes behavioural expectations he/she may be immediately excluded from the team.

I give permission for images taken at these events of my child to be used in St Gregory's School publications, both print and electronic.

Parent/Guardian Signature: Date:

CODE OF CONDUCT:

As a **TEAM MEMBER** I agree that I will:

- ❖ At all times cooperate with the coach, teammates and opponents without whom we do not have a competition.
- ❖ Work equally hard for myself and for my team.
- ❖ Be a good sport and encourage fellow team members.
- ❖ Control my temper and make no criticism by word or gesture.
- ❖ Follow instructions given by the team manager.
- ❖ Remain with my team in the allocated area when not competing.
- ❖ Compete by the rules and always abide by the referees/umpires decision.

Student Signature: