



Applecross Primary School

65 Kintail Road Applecross WA 6153

Phone: 08 9364 1792 Fax: 08 9316 3207

Email: applecross.ps@education.wa.edu.au
www.applecrossps.wa.edu.au

Dear Parents/Caregivers,

MDISSA Interschool Athletics Carnival (Field Events) – Tuesday 29 October 2019

Your child has been selected to represent Applecross Primary School at the upcoming MDISSA Interschool Athletics Carnival, which is to be held on **Tuesday 29 October 2019** at Bateman Primary School.

Students will travel to the venue by bus which is departing at 8:30am for a 9:00am start and returning at approximately 11:45 am.

Applecross PS staff will be supervising the event as follows:

- Derek Rijnhart
- Louis Shepherd

Students should bring the following:

- Snacks
- Water Bottles
- Sun Cream
- Medical requirements such as Asthma puffer and spacer

Students are required to wear **full school uniform**, including -

- Applecross PS **charcoal grey shirt**
- Applecross PS Hat
- Applecross PS charcoal skorts or shorts
- ***Non-spike running shoes are permitted.***

The cost of the Athletics Carnival is \$11. Please return the **Parent Permission and Payment Form** along with correct money, if paying by cash, in a sealed and labelled envelope to the locked box in the front office by **Wednesday 23 October 2019**.

Parent volunteers needed

Our school is running the triple jump pit at 9:00 and 9:30. If you can volunteer to help out with this please let me know via email.

Please turn over the page for the event schedule.

Good luck to all competitors!

Yours sincerely,

Mr Derek Rijnhart
Physical Education Specialist
15 October 2019
Derek.rijnhart@education.wa.edu.au

MDISSA Interschool Athletics Carnival (Field Events)

Tuesday 29 October 2019

Programme of Events

9:00am – 11:30am

Start	THROWING EVENTS		JUMPS		
9.00 am	<u>Event 1</u> Boys Year 3	<u>Event 2</u> Girls Year 3	<u>Event 3</u> Boys Year 6 Long	<u>Event 4</u> Girls Year 5 Long	<u>Event 5</u> Girls Year 6 Triple
9.30 am	<u>Event 6</u> Boys Year 4	<u>Event 7</u> Girls Year 4	<u>Event 8</u> Boys Year 5 Long	<u>Event 9</u> Girls Year 3 Long	<u>Event 10</u> Boys Year 6 Triple
10.00 am	<u>Event 11</u> Boys Year 6	<u>Event 12</u> Girls Year 6	<u>Event 13</u> Boys Year 4 Long	<u>Event 14</u> Girls Year 4 Long	
10.30 am	<u>Event 15</u> Girls Year 5	<u>Event 16</u> Boys Year 5	<u>Event 17</u> Boys Year 3 Long	<u>Event 18</u> Girls Year 6 Long	

11:00am 400m

19. Year 3 Boys 400m Div.1
20. Year 3 Girls 400m Div.1
21. Year 4 Boys 400m Div.1
22. Year 4 Girls 400m Div.1
23. Year 5 Girls 400m Div.1
24. Year 5 Girls 400m Div.2
25. Year 5 Boys 400m Div.1
26. Year 5 Boys 400m Div.2
27. Year 6 Girls 400m Div.1
28. Year 6 Girls 400m Div.2
29. Year 6 Boys 400m Div.1
30. Year 6 Boys 400m Div.2

I'm in the following events:

Parent Permission and Payment Form MDISSA Interschool Athletics (Field Events)

Where: Bateman Primary School

When: Tuesday 29 October, 2019

Time: Departing at 8:30am returning at approximately 11:45am

The cost will be \$11 per student. Please sign and return this permission slip and correct money (if paying cash) to the front office before Wednesday 23 October 2019.

I have read and understood the information regarding the excursion to Bateman Primary School on Tuesday 29 October 2019 and give consent for my child to attend the MDISSA Interschool Athletics travelling **by bus**.

Child's Name: _____ **Room Number:** _____

Signed: (Parent/Guardian) _____ **Date:** _____

Phone Number: _____

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. **Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged.** Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

PAYMENT OPTIONS * CASH

* CREDIT CARD - Visa & Mastercard

* CHEQUE - payable to 'Applecross Primary School'

* DIRECT DEPOSIT - ANZ Booragoon BSB 016-267 Account No 3408 67399 (Please use your child's Name and Room No as reference and email confirmation of payment to Applecross.ps@education.wa.edu.au)

PLEASE COMPLETE ALL DETAILS: Payment Type: Cheque Cash Credit Card
 Visa Mastercard

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

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EXPIRY DATE: (PLEASE PRINT CLEARLY)

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CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE