



Christ Centred
Enriching Community
Nurturing Uniqueness
Inspiring Greatness

Medowie
CHRISTIAN SCHOOL

Secondary State Athletics Carnival

Your child has been selected to represent the school at the CSSA State Athletics Carnival.

To view what event/s your child has qualified for and to see the program, please head to the school's athletics webpage:

www.medowiecs.nsw.edu.au/athleticscarnivals/

Date:	Thursday 24 th August 2017
Venue:	Sydney Olympic Park Athletics Centre
Times and Transport:	The bus will be leaving MCS at 5.00am and returning to MCS at 6.30pm. <i>Please note: This time could change, depending on who is coming on the bus. The final departure time will be confirmed once all the notes are in.</i> Or If you are driving your child, please be at the venue before their event.
What to wear:	MCS Sports Uniform to be worn to and from the venue. Your child will be given a school singlet before the event.
Canteen:	There will be a canteen open throughout the day
Wet weather:	The carnival will proceed rain, hail or shine as the venue is suited to all weather and there are no alternative dates available.
Supervising Teachers:	Mr Alan Westbury
Student responsibilities:	Return the permission note by Monday 14 th August.

A program is attached at the end of the note:

Please do not hesitate to contact us if you have any questions,

Al Westbury

Director of Sport
Mr Alan Westbury

Deal

Head of Secondary
Mrs Tracey Deal



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Please return to school office by **Monday 14th August, 2017**

If the note is not returned by the due date, **participation will be declined**

Student's Name: _____ Year/class _____

I give permission for my child to attend the excursion to State Athletics Carnival on Friday 18th August.

- I have spoken with my child about his / her responsibilities.
- My child will be appropriately dressed following the MCS dress code guidelines.
- I understand that all off-site activities involve an element of risk that may result in accidental injury or more. On behalf of my child in signing this document, I accept I have received a risk warning under the terms of the Civil Liability Act 2002 (NSW) and I hereby release the school, its teachers, officials and volunteers from liability to the extent permitted under the terms of the Act. (A Risk Assessment has been completed for this event and may be viewed by parents)
- In the event of injury or illness, I acknowledge that the school will attempt to contact me, but in an emergency situation, I authorise the school to obtain all necessary medical assistance, including ambulance transport, medication and hospital accommodation, and I agree to pay for all related fees and expenses. (A copy of your child's medical record card will be taken on the excursion. Please let us know promptly if there is any additional information.)
- I acknowledge that my signature on this permission slip gives my consent to my child taking part in the nominated excursion. I agree to the student being under the care and authority of the teacher in charge for the duration of the excursion and to the teacher being empowered to return the student home at my expense if the circumstances warrant such action.
- I further acknowledge and understand the travelling arrangements that have been made and approve of them.

If you are planning on driving your child, please advise here:

- My child will be taking the bus to and from the venue
- I will be driving my child to and from the venue

Parent name: _____ Signature: _____

STUDENT AGREEMENT:

I agree to:

- Fulfil my responsibilities to the best of my ability
- Follow the MCS code of conduct at all times
- Be wise, happy, obedient and kind.

Signature: _____