



Dear Parent/Guardian/Care-giver,

Your student has been selected to represent Bremer SHS at the District Cross Country carnival this year. The following are the details of the event.

Manager: Miss Sheehan, HPE Staffroom
 Date: Thursday 19th May 2016
 Venue: Bill Patterson Oval, Limestone Park, Ipswich
 Time: Meet at the oval at 9:30am; Races and presentations completed by 2:00pm;

Races will start at the following intervals:

Starting Time	Age Group	Distance
9:15am	Officials Briefing and Course Orientation	
9:40am	Boys 17 – 19 years (DOB 1999 / 1998 / 1997)	6000m (2 laps)
10:00am	Girls 17 – 19 Years (DOB 1999 / 1998 / 1997)	4000m (1 lap)
10:20am	Boys 16 years (DOB 2000)	6000m (2 laps)
10:40am	Girls 16 Years (DOB 2000)	4000m (1 lap)
11:00am	Boys 15 Years (DOB 2001)	4000m (1 lap)
11:20am	Girls 15 Years (DOB 2001)	4000m (1 lap)
11:40pm	Boys 14 Years (DOB 2002)	4000m (1 lap)
12:00pm	Girls 14 Years (DOB 2002)	4000m (1 lap)
12:20pm	Boys 13 Years (DOB 2003)	3000m (1 lap)
12:40pm	Girls 13 Years (DOB 2003)	3000m (1 lap)
1:15pm	Presentations	

Transport:

Students are required to find their own transport to/from the venue. Family are welcome to attend and watch the races.

Uniform:

Students are required to participate in the Bremer SHS Sports Uniform. These can be borrowed by the students from Uniform Central (opens at 8:30am until the beginning of form). Failure to return a uniform will result in charges for replacement items. Students are able to purchase their own sports uniforms (see school website – Bremer SHS – Extra-curricular - Sport) or should ask the Sports Coordinator for further information.

Training

There will be teacher led training each school day from 7:30am – 8:30am leading up to the District Cross Country Trials. Training will begin on Monday 2nd May 2016. Students should meet in the hall foyer at 7:25am ready to run.

Please complete the attached permission form and return to the **RED DROPBOX** outside the Sports Coordinators office or the team manager NLT than Wednesday 18th May 2016.

Kind regards,

Paige Pollock
HPE Teacher, Sports Coordinator

Emma Sheehan
HPE Teacher / Team Manager

We Believe. We Strive. We Achieve.

2016 IDSSSA CROSS COUNTRY PERMISSION AND MEDICAL FORMS

Student Name			
Form Class			
D.O.B			
Sport	District Cross Country – Thursday 19 th May 2016		
Team Coach	Miss Sheehan – HPE Staffroom		
Contact Name 1			
Contact Number 1			
Contact Name 2			
Contact Number 2			
Does your child suffer from any of the following conditions: <i>(please circle relevant answer, provide further information as required)</i>			
Asthma	NO	YES	Self Managed
Allergies	NO	YES	
Heart / Circulation Problems	NO	YES	
Diabetes	NO	YES	Self Managed
Epilepsy	NO	YES	
Vaccinations Current	NO	YES	
Tetanus	Date of last known tetanus injection:		
Private Health Cover	NO	YES	Name of Insurer: Member #:
Other Relevant Medical Conditions / Information that may affect the students ability to participate			

The personal details requested are to enable contact to be made with a player's parents in the event of an emergency and are strictly confidential. All records are kept until the end of the season.

Parent Acknowledgement

As a parent / caregiver, I acknowledge the following:

- I hereby give permission for my child to participate in the abovementioned sport
- I am responsible for his / her transport to and from the sport's venues
- I agree to all requirements contained in the information letter
- I will meet all necessary costs and ensure that my child/ward has the necessary and appropriate safety equipment.
- I agree that during races, my child will be under the direction of the teacher/coach and that my child may not leave the venue or alter arrangements without prior written parental permission being supplied to the responsible teacher/coach.
- I agree to meet all costs for any injury, illness, accident, or unforeseen circumstances which may occur during, or as the result of, said periods of activity.
- "I acknowledge that the Department of Education, Training and the Arts does not have Personal Accident Insurance cover for students"

Parent / Guardian Name: _____

Signature: _____

Date: / / .