



Cross Country Permission Note

Tuesday February 5, 2019

Dear Parents/Caregivers/Grandparents,

Stage 2 and 3 students (and Year 2 children turning 8 this year that wish to compete) will be involved in the annual school Cross Country run to be held at *Berrambool Sporting Complex* on **Tuesday March 26, 2019**. The run is part of our Physical Education program. The students will participate in activities to prepare them for this event. The only students who will be exempt from participation are those students with a medical condition and an accompanying written note.

The Cross Country run will commence at 12:00pm and conclude at approximately 2:00pm. Students will be walking to and from Berrambool Oval with teacher supervision. Students are to wear school uniform or light-weight running clothing, **running shoes** and a hat. Please bring a labelled water bottle, asthma/Epipen/medication (if appropriate) and sunscreen.

In the event of rain, extreme heat or other inclement weather, the Cross Country run will be held on **Tuesday, April 2 2019**. This permission note will cover any change in date due to weather.

Lunch will be held at school, therefore lunch orders are permitted and students will have a late recess upon returning to school.

Parents are welcome to assist on the day as volunteers at checkpoints or to be a spectator.

If you have any questions please see you child's class teacher.

We are all looking forward to having a fun day.

Thank you.

Miss Talia Clough and Mr Shane Doherty,
3-6 Cross Country Co-ordinators



Cross Country Permission – Please return to class teacher by Friday, March 8 2019

Dear Teacher/s,

I hereby give permission for _____ of class _____ to participate in the Merimbula Public School annual Cross Country run at Berrambool Sporting Complex on Tuesday March 26 2019. I understand that in the event of rain the Cross Country run will be held on Tuesday, April 2 2019. I am aware that my child will be walking to and from the venue with teacher supervision.

I am able to volunteer on the day at a checkpoint YES / NO

My child suffers from the following medical issues: _____

Parent/Caregiver Name: _____

Signed: _____ Date: _____