



KILLARA PRIMARY SCHOOL

Principal: Philip Clinkaberry
Phillip Drive, Sunbury 3429
PO Box 629 Sunbury 3429
Telephone 9744 6432
Fax 9744 4956
ABN. 30 621 474 323

Killara Athletics Carnivals

Purpose: For all students in years 3-6 to participate in an athletics carnival and practice in a competitive environment the skills they have learned in PE classes. The students will have the opportunity to compete in the following events: 100m and 200m Sprints, Long Jump, Triple Jump, Hurdles, Shot Put, Discus, Javelin (novelty) and Tug of War (novelty). Another purpose of this event is to select Killara Primary School's Athletics Team. Students in grade 4,5,and 6 who win the events will be chosen to represent Killara Primary School at the District Athletics Carnival. It is an honour to earn a spot on the Athletic Team and all students who qualify are expected to compete at District level.

Dates / Time: 3/4 Carnival Wednesday 22nd March
5/6 Carnival Friday 24th March

Venue: Boardman, Sunbury Athletics Track

Transport: Students will travel by Bus to and from the venue departing Killara at 9.05am and returning to school at approx. 2.30pm – 3.00pm

What to bring: Students to wear appropriate clothing for their event: shirt, shorts, jumper, Killara Hat, appropriate footwear (runners), sunscreen, lunch, snack and drink bottle of water. No glass or cans please. Minimal packaging of food items would be appreciated.

Cost for Bus to Event: \$4.00

Rebecca Gerber
(PE/ Sports Coordinator)

Phil Clinkaberry
(Principal)

✂-----
Event- Killara Athletics Carnival, 3/4: Wednesday 22nd March and 5/6: Friday 24th March

Students Name: _____ Class _____ DOB _____

Medication information

Please complete if the student is currently taking medication and will need to take that medication on this excursion.

NAME OF MEDICATION (Eg. Ventolin)	METHOD (eg. puffer held by student)	WHEN, & HOW MUCH (eg. 2 puffs when required)

I hereby give permission for my child to participate in the above event or backup day event. In the event of accident or illness, I authorise the teacher in charge, where it is impracticable to communicate with me, to seek such medical or surgical treatment for my child as may be deemed necessary.

Signed, Parent/ Guardian: _____ Date: _____

Emergency Contact Number (on the day): _____

A PAYMENT OF: \$4.00 IS ENCLOSED

QKR – receipt number: _____ Direct Deposit – date deposited: _____

Cash Enclosed

✂-----
Parent Helper- We need all the help we can get, so if you have a Working with Children Check and are happy to help please provide following details

Name- _____

E-mail- _____

Times Available- _____