



## 2017 Southern Metro Region Cross Country

Wednesday 7<sup>th</sup> June 2017

Dear Parents/Guardians,

Your child has qualified for the Southern Metro Region Cross Country 2017, to be held on Monday 19<sup>th</sup> of June. The events will start at approximately 1:30pm and the final event will take place at approximately 2:45pm. Due to the small number of students from Beaconsfield Primary school we will travel by private car and car pool. We will leave school at the beginning of first lunch, 11:40am, to make sure we arrive in plenty of time for the first race.

- When:** Monday 19<sup>th</sup> June.
- Time:** The students will be leaving school at 11:40am. We will return to school by **4:00pm**.
- Where:** Ballam Park, Benanee Drive, Frankston, Melways Ref. 103 B4
- Transport:** By private car
- Cost:** Nil

**Special requirements:** Your child will need to bring appropriate clothing and shoes to change into; school uniform must be worn to and from the event. The students will need to bring a drink bottle, healthy snack, lunch and asthma medication if required.

**How can you help:** Parents who are available to assist with the transport and supervision of the students are required to help with the smooth running of the event. Please let me know if you can help.

**Due date for notice:** Thursday 15<sup>th</sup> June at 9:00am

Regards, Anthony Cole  
Physical Education Coordinator.

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(Please detach and return to school by Thursday 15<sup>th</sup> June 9:00am)

### 2017 Southern Metro Region Cross Country

Student's name: ..... Student's Grade..... Date of Birth .....

I consent to my child taking part in the **Southern Metro Region 2017 Cross Country** and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer first-aid as the teacher in charge may judge to be reasonably necessary.

Contact number for this excursion: .....

Signature of parent/guardian: ..... Date:.....

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

I am able to help at the Southern Metro Region 2017 Cross Country on Monday 19<sup>th</sup> of June 2017 and **I have a current Working With Children Card registered with Beaconsfield Primary School.**

Name ..... Contact Phone Number .....

Working with Children's card Number.....

# INDEMNITY FORM – FOR USE OF PRIVATE MOTOR VEHICLE

## ***THIS FORM MUST BE COMPLETED & RETURNED***



### ***OPTION 1: TO BE COMPLETED IF YOU ARE DRIVING YOUR OWN CHILD***

I give permission for my son/daughter \_\_\_\_\_ to be transported in my car.

Does your car have Private Comprehensive Insurance?

Yes No (Please circle)

Registration No. \_\_\_\_\_

**Event:** Southern Metro Region Cross Country

**When:** Monday 19<sup>th</sup> of June

**Time:** 11:40am – 4:00pm

**Where:** Ballam Park, Frankston, Melways Ref 103 B4

If, due to unforeseen circumstances, I am unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community. (Option 2 must then be completed).

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency phone number if contact needs to be made ON THIS DAY \_\_\_\_\_

### ***OPTION 2: TO BE COMPLETED IF YOU REQUIRE YOUR CHILD TO BE DRIVEN IN ANOTHER CAR***

I give permission for my son/daughter \_\_\_\_\_

to be transported by private car which is covered by Private Comprehensive Insurance.

**Event:** Southern Metro Region Cross Country

**When:** Monday 19<sup>th</sup> of June

**Time:** 11:40am – 4:00pm

**Where:** Ballam Park, Frankston, Melways Ref 103 B4

If, due to unforeseen circumstances, the nominated driver is unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency phone number if contact needs to be made ON THIS DAY \_\_\_\_\_

### ***OPTION 3: TO BE COMPLETED IF YOU ARE ABLE TO TRANSPORT EXTRA CHILDREN IN YOUR***

**I have a current Working With Children Card and I am registered with Beaconsfield Primary School.**

Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Working with Children's card Number \_\_\_\_\_

How many children can you safely transport in your car? \_\_\_\_\_ (Please fill in a number)