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10 August 2022

DISTRICT ATHLETICS CARNIVAL TRACK EVENTS
VENUE: The Ridge Athletics Centre, BARDEN RIDGE
DATE: Monday 22 August 2022
TIME: 9.00am to 3.00pm.

Dear Parents/Caregivers,

Your child, _____, has been chosen to represent the school in the Track Events at the District Athletics Carnival.

- The events on this day are 100m, 200m and Relays. Your child has been selected to participate in the:
 - Jnr 800m, 11yrs 800m, 12/13yrs 800m
 - 8yrs 100m, 9yrs 100m, 10yrs 100m, 11yrs 100m, 12yrs 100m, 13yrs 100m
 - Jnr 200m, 11yrs 200m, 12/13yrs 200m
 - Jnr Relay, Snr Relay
- Travel to this carnival will be by bus. All children taking part in the carnival will **need to be at school by 8.00am ready to depart at 8.15am.**
- Competitors will need to wear their Lugarno school athletics singlet, which is provided by the school. This will be issued next week.
- Mrs Harris and Mr Walker will be at the carnival all day.
- Canteen facilities will be available at the park.

The students will need to BRING with them:

- The school athletics singlet
- Their school hat
- Sunscreen
- Warm clothing
- Food and drink
- Puffers if required

The events will commence at 9.00am and students should return to school between 3.00 and 3.30pm.

COST: \$23.00 to cover transport and entry to the track for the day.

Please return money and permission slip to the front office by Friday 19 August. **In order to cover transport costs all children should travel to the venue by bus.**

Amanda McTackett, Sport Coordinator

Justine Williams, Principal

PERMISSION NOTE TRACK EVENTS

I give permission for my child to compete in the District Athletics Carnival Track Events at The Ridge Athletics Centre, Barden Ridge on **Monday 22 August 2022**. I understand travel will be by bus and I enclose \$23.00 to cover the cost.

Please tick if you are paying online.

Receipt number _____

Child's Name: _____

Class: _____

Please indicate if you need to update your child's Medical Information Form. YES / NO

I give permission for my child to receive medical treatment in case of emergency. YES / NO

Parent/Guardian Signature: _____

ANY COMMENTS FOR TEACHERS re special needs / allergies / medication etc