

## **ZONE CROSS COUNTRY CARNIVAL NOTE**

Your child \_\_\_\_\_ finished in the first four places in their age group at our school cross country. This means they are eligible to represent the school at the Zone Cross Country to be held at Tocal College Paterson on **Friday 27th March 2015**.

All children need to be at Tocal by **9.45 am** to walk the course.

Please see attached notes for more information. Note that there is NO ACCESS through the main gates of Tocal College. Please be patient and careful when entering and departing the venue.

Please complete the permission note below and the Zone permission note (both sides) and return all to school as soon as possible.

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I hereby consent to my child/children \_\_\_\_\_ attending the Maitland Zone Cross Country at Tocal on Friday 27th March 2015 beginning at 9.45am.

Travel to be by private arrangement.

\_\_\_ I will be taking my own child/ren to the Zone Cross Country.

\_\_\_ I can provide transport for \_\_\_ other children.

\_\_\_ My child/ren will need transport to the Zone Cross Country.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**President:** Daryl, Iona P.S. 02 49301415

**Secretary:** Brigita Meynell, Ashtonfield P.S. 02 49343584

**Treasurer:** Murray Johanson, Branxton P.S. 02 49381214

## **PARENTAL CONSENT FORM**

*(All details are to be completed)*

### **SECTION 1 PARENTAL CONSENT**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SCHOOL GRESFORD D.O.B. \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

TELEPHONE: HOME ( ) \_\_\_\_\_ BUSINESS ( ) \_\_\_\_\_

I hereby consent to my son/daughter/ward attending the Maitland Zone PSSA Cross Country trials to be held at Tocal College, on Friday, 27<sup>th</sup> March. I also agree to pay the necessary cost and enclose a cheque/cash for \$1.00 being the amount for each entrant.

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### **SECTION 2 MEDICAL INFORMATION (To be completed by Parent/Guardian)**

1. Medicare Number: \_\_\_\_\_
2. Private Medical Insurance: a) Medical Fund \_\_\_\_\_  
b) Fund Number \_\_\_\_\_
3. Do you contribute to the NSW Ambulance Scheme? Yes / No
4. Date of last Tetanus Vaccination \_\_\_\_\_
5. Any other relevant medical history that may be important for our information. i.e. allergy to a particular drug, asthma etc \_\_\_\_\_

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and Caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school sports association when deciding whether additional insurance cover, above that provided by Medicare, is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

**SECTION 3 SCHOOL FORM** (To be completed by School's Principal or Executive)

STUDENT'S NAME \_\_\_\_\_

SCHOOL GRESFORD

Maitland PSSA Sporting Event

- 
- I certify that the student whose details appear on this form is enrolled at this school.
  - I have verified that the date of birth as stated on this form is correct.
  - He/She has the school authority to represent on this occasion.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
Principal/Executive

NOTED BY \_\_\_\_\_  
Sports Organiser

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**SECTION 4 PARENT CONSENT** (To be signed by the Parent/Guardian)

- I have read the information and I hereby consent to my child participating in this event.
- I understand my child will be under the supervision of the Team Manager/Manageress and will not be allowed to visit friends and relatives without my written permission and the authority from the Team Manager/Manageress.
- I have sighted the enclosed Code of Conduct and agree that if my child/ward seriously contravenes behaviour expectations he/she may be immediately excluded from the event. Should this eventuate, I accept full responsibility for my child/ward upon notification of his/her exclusion by the Team Manager/Manageress.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child may require. I hereby give my permission for the administration of an anaesthetic, if deemed necessary by the medical officer attending. I accept full responsibility for all expenses occurred.
- To the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this sport activity.
- Forms need to be retained by the attending teacher but if there is no attending teacher forms need to be forwarded to convener.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PLEASE ENSURE: That all details are listed and this form should be correctly filled in by Parent/Guardian of the competitor and returned to the school attended for the Principal/Executive to sign.

\*\*\* All four sections are to be completed and the form needs to be given to the Convener on the day of the sporting event. \*\*\*

Convener: Mr Mark Taylor

Date of the Event: Friday, 27<sup>th</sup> March, 2015

# MAITLAND ZONE CROSS COUNTRY 2015

**Conveners:** Mark Taylor & Murray Johanson

Ph: 49301296 or 49 381 214

**Venue:** Tocal College

Date: Friday 27th March 2015

**Divisions:** 8/9 years (combined) = 2000m

\*this is for both boys and girls

10 years = 2000m

\*\* ensure competitors are aware of their age groups to avoid confusion

11 years = 3000m

Name, age and school-tags are helpful

12/13 years =3000m

**Entries:** School teams of 32 (ie 4 competitors per division-boys and girls)

**Programme:** 9:45am -walk the course

10:30 pm - Events begin, starting with 8/9 yrs Boys then Girls etc.

**Please note:** This is a selection trial and all competitors are expected to compete in **all conditions**.

Therefore it is unlikely that the event will be postponed unless the course is deemed dangerous to competitors, officials and spectators.

## **Rules:**

1. All competitors must wear shoes (no spikes) and be wearing school sports uniform.
2. No tripping, pushing or interference with other competitors is allowed.
3. No competitor is allowed to receive assistance/refreshment during the race.
4. Asthma puffers are permitted.
5. Any protests must be lodged by team managers within 10 minutes of the event's completion.

**Point score:** Points are allocated for the place finished

\* Competitors failing to finish=last +1

\* Age team of 4= last +1

\* Champion School = lowest aggregate

\*\* Zone team =first 6 (six) competitors from each division to attend the Regional Carnival on

**Friday 8th May (Week 3 Term 2) at Broadmeadow Race Course.**

## **General Information.**

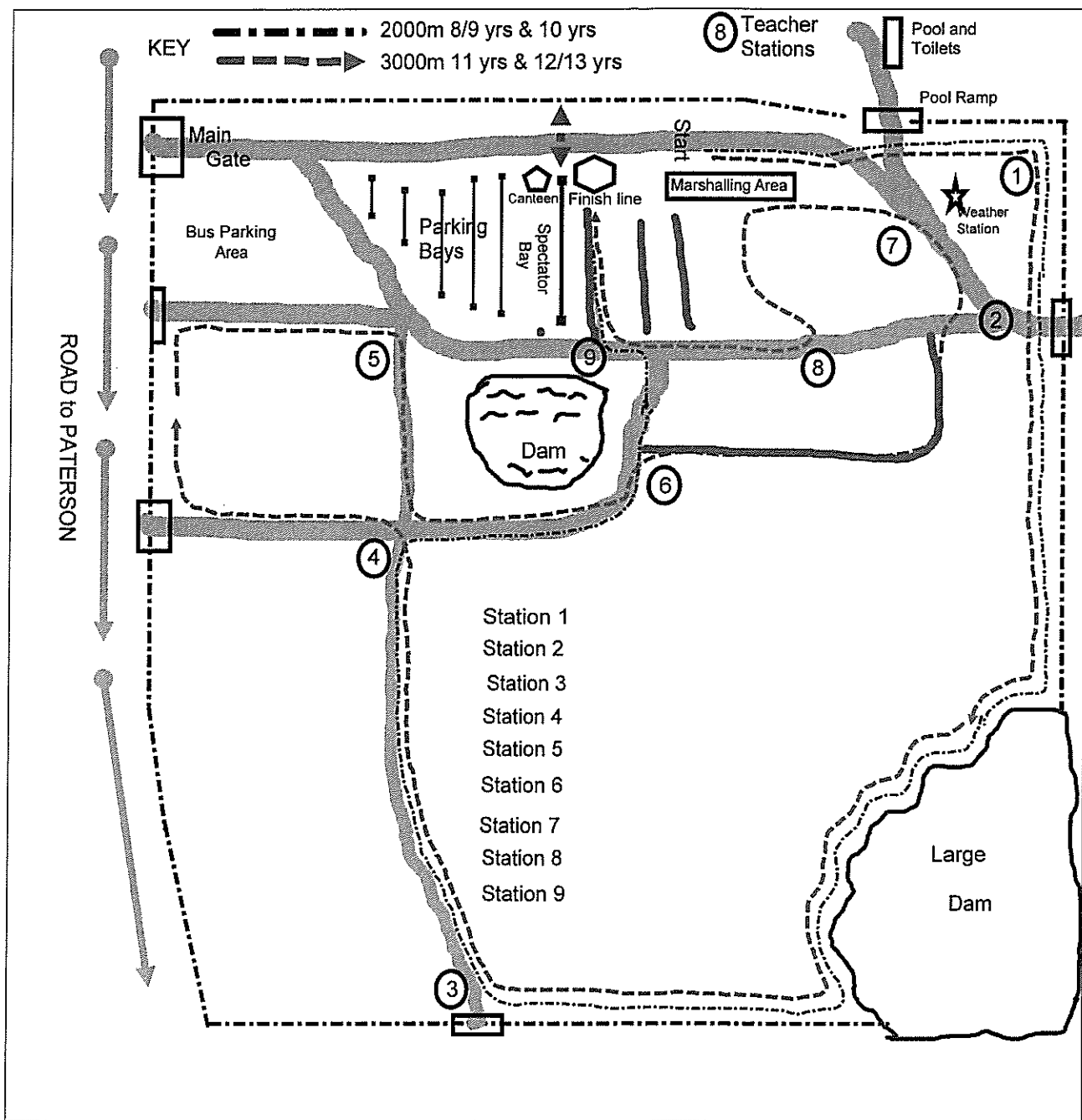
Car Parking is designated in the complex– see attached map. No entry via main gates.

No roadside parking is advised

Hot Food will be available on the day: Iona Public School is running the canteen

Attending schools need to fax entries and names of Teachers acting as officials to

Gail Robinson Hinton Public School by Friday 20th March if possible.



## Zone Cross Country Canteen Menu

Bacon & Egg Roll	\$4.00
Sausage Sandwich	\$2.50
Drinks	\$2.00
Water	\$2.00
Poppers	\$1.50
Zooper Dooper ice-block	50c
Assorted Lollies	\$1.00
Chips	\$1.00