**2018 College Sport Days Consent Form**

Dear Parent / Guardian,

**Tuesday 6th February, or Wednesday 14th of February - Swimming Carnival**

Venue: The Wodonga Aquatic Venue and Exercise Space (WAVES), 8 Mactier Ave, Wodonga

Time: 8.45am - 2.30pm Cost on entry $3.50 \*Parent Spectator Fee applies

Students will be dismissed from the pool area at 2.30pm.

**Monday 26thth March - Athletics Carnival**

Venue: Wodonga Athletic Complex, Pearce Street, Wodonga

Time: 9.00 am - 2.30pm

**Friday 18th May - Cross Country**

Venue: Willow Park and surrounding tracks, Pearce St Wodonga

Time: 1.15pm - 2.45pm

For runners hoping to make it to Upper Hume Cross Country

Students will be dismissed from the park at 2.45pm

**Friday 16th November - Fun Run**

Venue: Willow Park, Pearce St, Wodonga

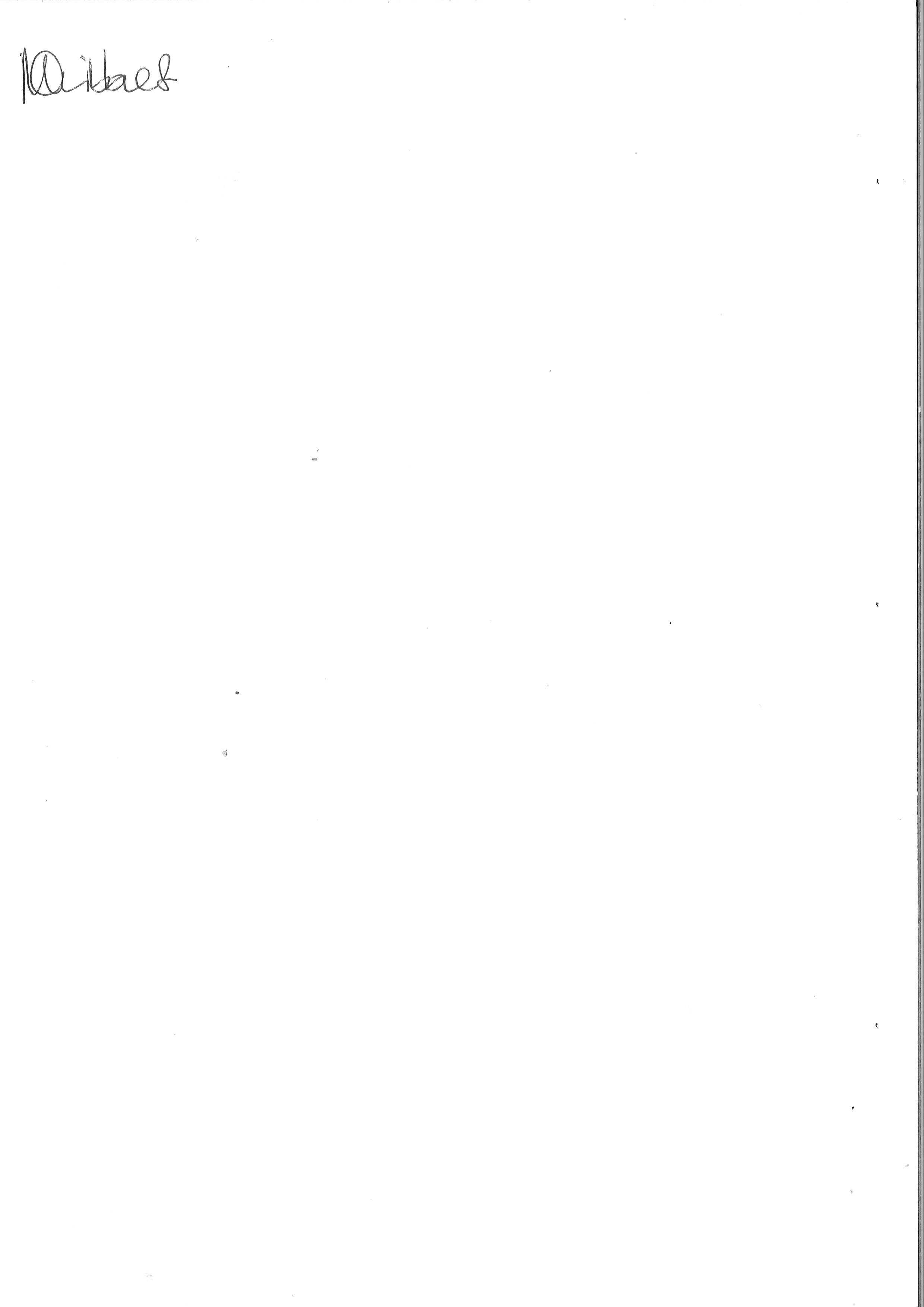
Time: 12 noon - 2.30pm

Students will be dismissed from the park at 2.30pm

* Parents/Guardians are asked to make their own arrangements for their son/daughter to attend the Swimming and Athletic Carnivals.
* **Bus travellers** will be walked to and from the complexes for all events.
* Please sign the form below to confirm permission to attend all events. Further details will be made available closer to the event.

Please contact your child's A team teacher if you have any questions or concerns.

Regards,



Maree Cribbes

Campus Principal

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**2018 College Sport Events**

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Level 2018: \_\_\_\_\_\_\_\_\_

I give consent for my child to participate in these excursions in accordance with the activity notice.

I authorise the Teacher-In-Charge of the excursion to consent, where it is impracticable to communicate with me, to my child’s receiving such medical and / or surgical treatment as may be deemed necessary.

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

**Please list any special medical conditions and treatments teachers need to know here:**