



MOSMAN HIGH SCHOOL SPORTS CARNIVALS 2019

INFORMATION AND PERMISSION SLIP

Dear Parent/Caregiver,

Your son/daughter is required to attend the Mosman High School Sporting Carnivals.

General information: Return note and money to **office** by **4th February 2019** BEFORE swimming carnival
Supervising Teacher: Ms L Haines
Participation Details: Students should provide their own food and drink requirements. A minimal canteen will operate on the day at the Swimming Carnival and the Athletics Carnival.
NO CANTEEN AT Cross Country Carnival.

Swimming: **Wednesday 20th February 2019**

Venue: North Sydney Pool
Time: 9am roll call at school

Cross Country: From **Monday 8th April - 11th April 2019** (backup day: Term 2, Week 2)

Venue: Georges Heights
Time: During Sport times (Monday Year 7, Tuesday Year 8, Wednesday Year 9, Thursday Year 10)

Athletics: **Friday 17th May 2019**

Venue: Narrabeen Academy of Sport
Time: 9am roll call at school

Cost: **\$60** payment online via www.mosmanhighschool.com.au reference: **366666** or at the school office before school, recess, or lunch only.

Transport: Buses will transport students to and from venues for **Swimming** and **Athletics** carnivals. Students walk to Rawson oval for **Cross Country** carnival. Students will return to school before **3:00pm**

Clothing: Appropriate clothing for all carnivals is required (swimmers, running attire, towel, sunscreen and warm clothes for after the event)

Parents/Caregivers are asked to complete the permission note below and return it and money to the office **BEFORE** the day of the swimming carnival.

PERMISSION TO ATTEND THE SCHOOL SPORTS CARNIVALS 2019

I hereby give my consent to my son/daughter _____ of year _____
 Participating in Mosman High Schools Sporting Carnivals the dates and venues indicated.
 Special needs of my child of which you should be aware (eg allergies, medication etc) _____

To the best of my knowledge, he/she has no medical condition, disability or injury which puts him/her at risk in participating in the sport activity. In the event of illness or injury, I authorise the seeking of medical assistance on my behalf that my child may require.

I advise that my son/daughter is a
 strong swimmer average swimmer poor swimmer non swimmer
 I advise that my child requires the following device to assist him/her in the water _____

Parent/Carer Name: _____

Contact Number: Mobile _____ Home _____ Student Medicare No. _____

Signature of Parent/Caregiver _____ **Date** _____