



Lake Cathie Public School

1240 Ocean Drive
Lake Cathie, NSW 2445

Ph: 02 6584 8060

Fax: 02 6584 8070

Email: lakecathie-p.school@det.nsw.edu.au

17 May 2021

Term 2 Primary (Years 3-6) Sport - Athletics Practice/Trials

Dear Mr & Mrs,

This term for primary school sport students will practice for the Athletics Carnival. Students will be put into 6 groups and rotate through the track and field disciplines each week. Students will travel by bus to Vince Inmon Sporting Complex, Laurieton for the Long Jump and Discus practice session. All other sessions will be held at school.

DATE: Beginning on Thursday, 27 May 2021 each Thursday for 3 weeks, concluding on Thursday, 10 June 2021. Students will depart school at 9:00am and return to school by 11:00am only on the one day their group is travelling to Laurieton. All other sessions will be held at school.

COST: \$5.00

VENUE: Vince Inmon Sporting Complex, Laurieton

WHAT TO BRING: Students will need to wear school sports uniform, hat and bring a water bottle. Please apply sunscreen before arriving at school.

NOTE: Please complete and return permission note and payment before Monday, 24 May 2021.

Mr Jock Garven
Principal

MRS McCleary
Excursion Coordinator

Lake Cathie Public School
Term 2 Primary (Years 3-6) Sport - Athletics Practice/Trials
Thursday, 27 May 2021

I give permission for _____ of class _____ to attend the Term 2 Primary (Years 3-6) Sport - Athletics Practice/Trials at Vince Inmon Sporting Complex, Laurieton with their group on their designated Thursday between 20 May and 6 June at a cost of \$5.00.

I understand that travel is by bus, and that the children will be supervised by staff.

In the event of an accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also authorise the administration of an anaesthetic if this is deemed necessary by the attending medical officer. I am aware the escorting teachers will make every possible endeavour to contact me before these emergency procedures are taken.

Please list any medical issues we need to be aware of in relation to this activity:

Signed (parent/carer): _____ Date: _____

Parent's daytime contact no.: _____

Payments may be sent in with your child.

I enclose \$5.00