

## St Francis of Assisi Primary School

120 Casey Crescent Calwell ACT 2905  
Phone: 02 6292 4500 Fax: 6292 8998  
Email: [office.stfranciscalwell@cg.catholic.edu.au](mailto:office.stfranciscalwell@cg.catholic.edu.au)  
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Dear Parents

### **ST FRANCIS OF ASSISI CROSS COUNTRY CARNIVAL Stromlo Forest Park Monday 20th March 2017**

The St Francis of Assisi Cross Country Carnival will take place at Stromlo Forest Park (Dave McInnes Rd off Uriarra Road) in Stromlo for Kinder to Years Six on Monday 20th March 2017. The carnival will commence at 10.00am and conclude at approximately 1.00pm.

All students will travel by bus to Stromlo at 9.30am. The emphasis for the day is a Fitness Fun Day and there will be other fitness activities on the day in addition to the Cross Country events. We expect every child to be involved in their age division run whether they jog or walk. Students are to wear either their sports uniform or a T-shirt in the colour of their House (e.g. Morrison red t-shirt), sunscreen, drink bottle, hat and **recess** all clearly labelled.

If your child suffers from Asthma they must carry their medication with them at all times.

Age group distances are indicated below. Kinder and Yr 1 students will complete a 500m course.

**The age that students turn this year is the age group that they will race in.**

- Kinder and Year One 500m
- 7 years -1000m
- 8 years -1000m
- 9 years- 1500m
- 10 years- 2000m
- 11, 12, 13 years- 3000m

We rely on parental assistance for a successful Carnival and call for all interested volunteers to complete and return the assistance and student permission form by Wednesday **15th March.**

Thank you

Geoff Ryan/Nikki Archidiacono  
**Cross Country Coordinators**

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I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to participate in the St Francis of Assisi Cross Country Carnival on Monday 20 March 2017. I understand that my child will travel by bus to Stromlo Forest Park.

**CONSENT TO MEDICAL ATTENTION:** *In the case of an emergency, I authorise the teacher in charge, where it is impracticable to communicate with me, to arrange for my child to receive such medical attention as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and medication while the child is on the excursion.*

Parent Signature \_\_\_\_\_

<p>I am <b>able to</b> help set up the course on the day (Start around 8.45 am at Stromlo)</p> <p><input type="checkbox"/> (Please tick)</p>	<p>I am <b>able to</b> assist as a course marshal on the day. (We need at least 20 helpers on the day) 9.15am – 1.00pm</p> <p><input type="checkbox"/> (Please tick)</p>
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**It is a requirement that all volunteers have a current WWVP card. All volunteers must have their WWVP cards on them at the cross country carnival at all times. If your card is not registered with the school please bring your current card into the front office.**

Volunteer's Name (please print) _____	
Child's Name _____	Class _____
Phone Number(s) _____	
WWVP Number _____	
PARENT SIGNATURE _____	