Dear Parent/Guardians

____________________________ has been successful in gaining selection as part of the Brisbane Public School Zone Athletics Team. The carnival will be held at Mingara Athletics Centre on Monday 17th August. Again this year, the carnival will be held over one day. The first marshalling call for track events will be at 8:15 am, with the first event, the 800m to start at 8:30 am.

**It will be necessary for competitors to meet at school at 7:30 am** so as to allow for traffic, parking and entry into the complex.

**Any parents who can assist with transport on the day, your help would be greatly appreciated.** If you can assist please indicate on the permission note below. Drivers need a current drivers licence and comprehensive car insurance.

An admission fee to Mingara Athletics Centre will be required by each child. **This cost is $5.00. The children will keep this with them and pay as we go through the gate. Please don’t give it to the children to give to their class teacher.** Parents, siblings and friends will need to pay $1 each entry and preschool children are free. The program for the day accompanies this.

Students may leave Mingara Athletics Centre with their parents, provided you see the Team Manager at the ground first. Students may not leave with a friend’s parent unless a signed note is provided.

Students will be required to wear school shorts/skirts (black) as well as provide suitable footwear, warm clothing, hat and sunscreen. All equipment should be labelled. School athletic singlets will be distributed for the children to wear.

A canteen facility and BBQ will be available at the carnival; otherwise students need to bring their lunch, recess and drinks.

**CHILDREN NEED TO BE ON THE NETBALL COURT TO LEAVE SCHOOL AT 7:30am**

Thanking you,

Mr Greg Anderson
SPORTS ORGANISER

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**Zone Athletics Carnival Permission Note**

I **do / do not** give permission for my child ___________________ of class _____ to attend the Zone Athletics Carnival at Mingara Athletics Centre on Monday 17th August, 2015.

I am aware that this event has the approval of the Principal and that I am aware that my child will travel to and from the carnival by private vehicle.

My **son / daughter** has the following special needs (please provide full details and include any relevant medical details)

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Emergency contact Numbers: .......................................................... ..........................................................

I **give / do not give** permission for my child to receive medical treatment in case of emergency.

I **consent / do not consent** to my child travelling by private motor vehicle

I am able to provide transport for my own child and ______ others.
I hold a current driver’s licence; my vehicle is registered and comprehensively insured.

Licence No: ________ Comprehensive Insurance Company: ________ Policy No: _______

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Parent/Caregiver Name  Parent/caregiver signature  Dated