



IRPS Athletics Carnival

- DATE:** **Thursday 10 June, 2021**
NB: In-case of wet weather a reserve date has been set for Thursday 24 June, 2021
- VENUE:** Shoalhaven High School, 60 Park Road, Nowra
- TIME:** **Depart** school (Illaroo Road Bus Zone) at 9.20am.
Return: Bus to pick up at Shoalhaven High School 1.30pm to return to school by 2.00pm.
- COST:** \$5.00 per student
- WHO GOES?:** **All primary students (Years 3 to 6) and selected Year 2 students.**
- TRAVEL:** By bus
- CLOTHING:** **Sports uniform / house colours**
- WHAT TO TAKE:**
 1. Recess and lunch
 2. Drinks and water
 3. Hat and sunscreen
 4. Warm clothing, as appropriate
 5. Towel to sit on
- STAFF:** **All primary teachers**
- DETAILS:** Carnival program will include track events - 100m, 200m, 800m and 1500m.
Field events - discus, long jump and shot put.
- RULES:**
 1. Wearing of school hats is compulsory. **No hat, stay in the shade**
 2. Sun Safe Policy states that children must have sun cream with them for this excursion.
 3. Students are reminded to reapply 30+ (or higher), broad spectrum and water resistant sun screen prior to outdoor activities such as carnivals and excursions.
 4. **Attendance at the carnival is compulsory for students in Years 3-6.**

All staff members have emergency care and CPR certification.

This excursion has been approved by the principal.

Carnival Organiser: Mr Jacob Barnes

Please complete the section below and return with payment to your class teacher by Tuesday 8 June, 2021



PERMISSION NOTE
Illaroo Road Public School Athletics Carnival

I hereby consent to my son/daughter/ward (full name) _____ Class _____
to attend the Illaroo Road Public School Athletics Carnival at Shoalhaven High School, 60 Park Road, Nowra on
Thursday 10 June, 2021 (weather permitting) or Thursday 24 June, 2021. I am aware of all the details and
requirements for the excursion and that transport is by bus.

Special needs/instructions for my child are (include all medical/allergy details): _____

I understand that by signing this note I give permission for my child to receive medical treatment in case of
emergency.

Please find enclosed \$5.00 cash

I have made payment online for \$5.00

Receipt No.

Signature of parent/guardian: _____ Date: _____

PARENT HELPERS URGENTLY NEEDED

Parent helpers are needed for the IRPS Athletics Carnival. If you can help on the day please complete the following:

Yes I _____ can help as a carnival official.

(Please print name)

Parent phone number: _____ Students name _____ Class _____