



Athletics Carnival 2022

- DATE:** **Tuesday 14 June 2022**
NB: A reserve date has been set for Tuesday 28 June, 2022
- VENUE:** Shoalhaven High School, 60 Park Road, Nowra
- TIME:** **Depart** school (Illaroo Road Bus Zone) at 9.00am.
Return: Pick up at Shoalhaven High School at 2.30pm to return to school by 3.00pm.
- COST:** \$5.50 per student
- ATTENDEES:** **All primary students (Years 3 to 6) and competitive Year 2 students who turn 8 this year.**
- 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:** **Years 3-6 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 sunscreen prior to outdoor activities such as carnivals and excursions.
 4. Attendance at the carnival is compulsory for students in Years 3-6.

Most staff members have emergency care and CPR certification.
This excursion has been approved by the principal.

Carnival Organisers: Mrs Dyball and Mrs Romeo

Please complete the section below and return with payment to your class teacher by 9 June 2022



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
Tuesday 14 June 2022 (weather permitting) or **Tuesday 28 June, 2022**. 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 \$5.50 for the bus

I have made payment online for \$5.50

Receipt No.

I would like the fee deducted from fees in advance

Parent/Carer Signature: _____ **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 _____