Dear Parents

The St Rose Cross Country will be held on Wednesday 25th March 2015 at Plateau Park at 9:15am
Each class will walk with their teacher to the park leaving school at 9am and returning in time for lunch.

Students are to wear their full sports uniform, school hat and sensible running footwear. Students will need to bring their recess, water bottle and must have already applied sunscreen. The purpose of this carnival is to promote physical activity, complete syllabus requirements in PDHPE and to select a St Rose Team who will participate at the Peninsula Cross Country Carnival on Thursday 30th April. Boys and girls in each age group will be selected for the St Rose Cross Country Team, assuming they have run the entire course.
All students will walk the course, however only students who have PARENT PERMISSION will run and compete for a position in the Cross Country Team.
Criteria for participation:

- Students in Years 3-6 and those students in Year 2 who are turning 8 during 2015 are eligible to try out for the team.
- Students must have trained and feel confident to complete the distance - 2km for 8/9/10 Years and 3km for 11/12 Years
- Students must be in good health on the day of the race
- Students wishing to be selected for the Peninsula Cross Country must run the entire course without walking or stopping
- Students who require medication for asthma must run with it in their pocket – children will need to see the office prior to going up to the park
- All students must return a signed permission form to confirm they are walking OR competing for a place in the Cross Country Team.

Thank you
Jane Lillycrop

St Rose Cross Country PERMISSION NOTE
Please complete this form and return to the class teacher no later than Monday 16th March

Child’s Name: __________________________ Class: ________
I give permission for my child to compete in the St Rose Cross Country at Plateau Park on Wednesday 25th March 2015. I understand that my child will be walking to and from the Plateau Park with their class teacher. I have read the criteria for participation and understand that I must deem my child fit to compete.

Please tick the appropriate box:

My child meets the criteria of participation and will compete for a place in the St Rose Cross Country team

My child does not meet the criteria to compete for a place in the team and will WALK the distance.

Please provide your details if you are able to assist as a course marshal.
Parent Helper’s Name: __________________________ email __________________________
Helper’s Ph No. __________________________

Emergency contact person for this day is __________________________
Contact number for this day is __________________________

I understand if I am a spectator on the day that I am not permitted to walk or run the course with my child to ensure a fair and equitable experience for all competitors.

Parent/Guardian Signature____________________________ Date _________________