***2020 DISA CROSS COUNTRY CARNIVAL INFORMATION***

The DISA Cross Country will be taking place at the **Nungarin Recreation Ground** on **Friday 7TH August 2020** for all **Pre Primary – Year 6** students.

Please retain this information form for your records but return the accompanying lunch form and money to the classroom teacher by **Thursday 30thJuly 2020.**

Normal school classes will not be taking place on this day, as we do encourage all students to attend and participate in the DISA Cross Country. However, if you wish for your child not to attend there will still be supervision provided at the school.

Mukinbudin DHS will be competing as Mukinbudin **Green** and Mukinbudin **Gold**. **Please ensure you child/ren wear their faction shirt.**

**Start Time**

* Please be at the Nungarin Recreation Centre by 10.00am. The day commences at 10:30am, with officials available to walk participants through the course until the commencement of the program.
* The first event commences at 10.30am and I anticipate we should be finished about 12.30pm.

**Transport Arrangements & Buses:**

* Parents/guardians are to transport their child/ren to and from the event.
* **There will be NO bus transport to the event.**
* If you are unable to arrange transport for your child, please contact

Mrs Clarke.

* Please notify the school bus contractor if your child is NOT on the bus on this day.

**Distances and Order of Events:**

1. Junior Girls –1000m
2. Junior Boys – 1000m
3. Intermediate Girls – 1500m
4. Intermediate Boys – 1500m
5. Senior Girls – 2000m
6. Senior Boys – 2000m

Kind Regards,

Rebecca Clarke

Health & Physical Education Teacher

**PARENT/GUARDIAN CONSENT FORM**

CONSENT FORM FOR *DISA CROSS COUNTRY NUNGARIN*

**TO BE RETURNED TO CLASS TEACHER By Friday 24th July 2020**

**CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| (Home) | (Work) | (Mobile) |
| Other | | |
| I have read and understood the information regarding the excursion on **Friday 7th August 2020** and give my consent for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to attend.   * My son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be attending the Cross County.   Child 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * My son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will NOT be attending the Cross Country and will be attending school.   Child 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ***Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | |

The following details have changed from those recorded on my child’s Health Information Form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_