



WAGGA WAGGA
CHRISTIAN COLLEGE

A member Association of CHRISTIAN EDUCATION NATIONAL

401 Koorringal Road, Wagga Wagga N.S.W. 2650
Locked Bag 7, Wagga Wagga N.S.W. 2650

Phone (02) 6923 8888

Fax (02) 6923 8800

Email: wccc@waggachristian.nsw.edu.au

Website: www.waggachristian.nsw.edu.au

Principal - Hugh MacCallum MEd, BEd

A.B.N. 71 032 808 826

Dear Parent/Guardian,

CSSA Primary State Athletics Carnival

Congratulations on your child gaining a position on the CSSA Far West Zone Athletics Squad which will compete in the CSSA Primary State Athletics Carnival. The Carnival is to be held at Blacktown International Sports Park, at Rooty Hill, on **Friday 18 August 2017**.

Participant numbers at the Zone Athletics Carnival in Dubbo were outstanding once again and the College is seeking to support students attending CSSA State Athletics. We are seeking to finalise numbers as soon as possible in order to organise bus transport. It is vital that permission notes are returned on time. The College will cover entry costs to the Competition. Parent and Spectator entry is free.

Students in Years 2, 3 and 4 must be accompanied by an adult. This can be another student's parent who is travelling on the bus and given consent. They would look after the child for the duration of the excursion.

The Carnival is expected to commence at 9am and conclude by 2:30pm. Mr Blake Cunningham will be in attendance as teacher-in-charge and students should report to him on arrival at the venue if they do not travel via bus. Students must wear **full sports uniform** throughout the Carnival or they will not be allowed to compete (CSSA Rules).

The bus will leave the College at 1pm on **Thursday 17 August**. Breakfast will be provided on the Friday. Students will need to bring money/food for Thursday and Friday night, as well as Friday lunch. Students can bring casual clothes to change into on Thursday. Students must wear full sports uniform on Friday. Please also provide a drink bottle, pillow, mattress, sleeping bag, toothbrush and toothpaste. We will be staying at Tyndale Christian School.

We greatly appreciate the efforts of parents who volunteer to help out at these events. In order for the College to adhere to its duty of care for all students, volunteers are required to complete some government checks. All parents transporting additional students to the event or on the bus will need to gain a Working with Children Child Check, which is available from <http://www.kidsguardian.nsw.gov.au/Working-with-children/Working-With-Children-Check/apply/apply>. (This is free for volunteers). In addition, the College will require a copy of car registration details, full cover insurance and the driver's licence for these volunteers.

Please also find attached requirements for any medication for the trip away. The paperwork and medication will need to be made available to Mr Cunningham on the day.

Please complete the attached permission note and return to the College office with payment by **Tuesday 15 August** to allow adequate time for submission and finalisation of entries to the Zone Team Manager.

Please also note that we will have training for this at the College on Monday, 14 August, at 3.30pm-4.30pm.

Your Child has qualified for:

| | | | |
|----------|--------|-----------|-----------|
| 100m | 200m | 800m | Relay |
| Shot Put | Discus | High Jump | Long Jump |

Thank you for your support

Blake Cunningham
Primary School Sports Coordinator

Heather Mansley
Middle School Coordinator

9 August 2017



ACTIVITY NOTICE / TAX INVOICE

ABN: 71 032 808 826

| | | | |
|--|---|------------------------------|--|
| Activity Title: | CSSA Primary State Athletics Carnival | | |
| Purpose: | Compete at State Level Athletics | | |
| Class/Group: | Primary | Venue/Destination: | Blacktown International Sports Park – Rooty Hill |
| Transport: | Bus or private transport | | |
| Accommodation: | Tyndale Christian School (if travelling by bus), otherwise own arrangements | | |
| Departure Date: | Thursday 17 August 2017 | Departure/Start Time: | 1:00pm |
| Return Date: | Friday 18 August 2017 | Expected Return/Finish Time: | 9:00pm |
| WWCC Mobile Phone Number for Updated Return Details: | 0467 863 344 | | |
| Total Cost: | \$60 if travelling via bus Nil if travelling private | Includes GST of: | \$0.33 |
| Dress Code: | Full Sports Uniform | | |
| Payment & Note Due: | Date: Tuesday 15 August 2017 | Time: 9am | |
| Teacher in Charge: | Invoice Date: | Signature: | |
| Blake Cunningham | 9 August 2017 | | |

This is a valid TAX INVOICE when offer is accepted.
PLEASE SIGN THE SLIP BELOW, TEAR OFF & RETURN TO THE COLLEGE OFFICE.

PERMISSION

I **DO/DO NOT** give permission for my son/daughter _____ who is in Year _____ to participate in the **CSSA Primary State Athletics Carnival**.

I am aware of the arrangements made for this activity. I acknowledge refunds are made in special circumstances and are credited to our Tuition Fee Account. Medical Authority held by the College remains current OR I will provide an updated Medical Authority prior to the activity. (delete as appropriate) To the best of my knowledge, he/she has no medical condition, physical disability or injury which puts him/her at risk in participating in these activities.

Parent's Name, Signature & Date _____ / /

PAYMENT

Amount Enclosed \$60 (if travelling by bus) (Cash/Cheque/Credit Card)

4040 - 68

Name on Credit Card _____ Signature _____

Credit Card No. (Visa or Mastercard only) _____ Expiry Date ____ / ____

PERMISSION NOTE DUE: Tuesday 15 August 2017



Christian Schools Sports Association Primary State Athletics Carnival

Blacktown International Sports Park - **Friday 18 August 2017.**

To help us finalise details, could you please indicate whether or not your child will be attending as well as travel arrangements by ticking the relevant boxes and crossing out the fields as required.

Student's Full Name: _____ Year/Class: _____
Age turning/ turned this year: _____ DOB: _____

- My child **will not** be attending the Primary State carnival.
- My child **will** be attending the carnival and will require transport and accommodation provided by the school.
- My child will be accompanied on the bus by:**
Name of adult: _____ Contact number _____
(If your child is in Junior School they must be accompanied by an adult. If your child is being accompanied by another adult please complete the responsible adult's details.)
- My child **will** be attending, **but** will be travelling with _____ and will not require accommodation.

Parent's Full Name: _____

Parent Signature: _____

Date: _____

NB: Minimum numbers need to be met for the bus trip to go ahead

Due to needing to make travel arrangements and provide competitor entries in accordance with deadlines, it is essential that **this form is completed and returned by 9am Tuesday 15 August 2017.**