



Dear Parents/Guardians

Your child has been chosen to represent Lathlain Primary School in the Winter Carnival on Friday, 25<sup>th</sup> of June. The school will be entering teams in Football, basketball, netball, hockey and soccer.

This year the carnival will be held at Curtin Stadium located on Curtin University with students travelling to and from the venue via bus. Games are scheduled to start at 10:00am and the last game concluding at 2:30pm, there will be 25-minute lunch break at 12pm so please make sure students have a packed lunch.

Your child will need to bring appropriate footwear and clothes for their sport, as well as a hat, water bottle and a packed lunch. Students are to also bring a spare change of clothes in case of inclement weather.

To cover the cost of the bus, students will need to pay \$6 to participate in the Winter Carnival.

Parents are welcome to attend the games to support students.

Regards,

Callum Morrison  
Physical Education Specialist

**EXCURSION CONSENT FORM: Winter Carnival  
TO BE COMPLETED AND RETURNED SIGNED TO THE SCHOOL BY Friday 18<sup>th</sup> June**

**Please give permission note and money to admin in the front office.**

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. I agree to inform the organisers well before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment.

Home:	Work:	Mobile:
Other:		
<p>I have read and understood the information regarding the excursion to Curtin Stadium on 25<sup>th</sup> June and give my consent for my son/daughter:</p> <p>_____ Year: _____ Room _____ to attend.</p> <p><i>Signature of parent/guardian:</i> _____ <i>Date</i> _____</p>		

The following details have changed from those recorded on my child's medical information form.

**Payment Method**

Payment of \$ \_\_\_\_\_ is included (in envelope)

I have paid via bank transfer. Direct Debit: BSB: 016 263 Account No: 340949204

