

RUNNING CLUB Years 3 – 6

In preparation for the Cross Country and Athletics programmes, your child is invited to participate in the school 'Running Club'. I would greatly appreciate the assistance from a few parents who are experienced runners to share their knowledge and run with the children to help develop their fitness and running skills.

Venues: Newborough Primary School / Jackson & Wilding Street park verges

When: **Every Monday morning during Term 2 from Monday 13 May 2019 (Week 3).**

Meeting Place: Outside the Library in front of the sport shed.

Time: **8.00am – 8.25 am Cost: \$0.00**

Requirements: suitable footwear for running, faction sport T-Shirt, a drink bottle, a hat and asthma puffer (if required). Please ensure your child has their name on their Ventolin puffer.

Parents/Guardians: Please complete the form below and ask your child to return it to Ms Williams on the morning of your child's first 'Running Club' session.

PARENT CONSENT FORM

I have read and understood the information regarding the 'Running Club' and give consent for **my child** _____ **Year:** _____ **Room:** _____ **to participate in the 'Running Club' before school on Monday mornings in Term 2, from 8.00am – 8.25am commencing on Monday 13th May, 2019.**

I am available and would like to assist Ms Williams with the Running Club activities:

Name: _____ *Phone Contact:* _____

Email Address: _____

My child (is / is not) Asthmatic and (does / does) not require medication to participate in this activity.

Other Medical: _____

Change to Medical Details: Please list any changes to information shown on your child's medical form (if any). If unsure of details previously provided, it is essential you contact the school for previous details or a new form.

I agree to inform the organisers before the scheduled excursion, of any change to my child's health and fitness, other than those listed above, so that appropriate supervision may be arranged.

Where it is not practical to communicate with me during the excursion, I authorise the teacher in charge to present my child for appropriate medical assessment and treatment should it be considered necessary.

I am aware that Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings. Any costs incurred are my responsibility.

Signature of Parent/Guardian: _____ **Date:** ____/____/____