



LIVERPOOL WEST PUBLIC SCHOOL

79-81 Hoxton Park Road

LIVERPOOL NSW 2170

Phone: 02 9602 8062

Fax: 02 9822 5093

liverpoolw-p.school@det.nsw.edu.au

May 2022

2022 ATHLETICS CARNIVAL

Our Athletics Carnival for Stage 2 and Stage 3, and competitive students who are turning 8yrs old this year in Year 2, will be held on **Tuesday 21 June 2022**. It promises to be a fantastic, fun-packed day where the students will have the opportunity to participate in a range of sporting events including sprints, long distance races and field events.

- WHO:** All Stage 2, Stage 3 and 8 year old competitive runners from Year 2
- WHERE:** Dwyer Oval, 14 Simmons Street, Warwick Farm
- WHEN:** Tuesday 21 June 2022
- HOW:** Travel by Bus \$5 payment
- TIME:** ***All students MUST be at school by 8:00am as the first bus will leave school at 8:20am SHARP***
- COST:** \$5.00 for Bus



Students can bring a healthy lunch including their water bottle to the carnival, or students can pre order Combo which includes drink & sausage sizzle (\$5.00) prior to the day on yellow note.

As this is our Athletics Carnival students must wear appropriate sports clothing (running shoes and hats). The wearing of house colours is encouraged. Please dress your child in their house colour.



Lorikeet – Green



Blue Tongues – Blue



Dingoes –Red



Cockatoos- Yellow

You are most welcome to attend our carnival. ***If time permits, we will have parents/teachers/students novelty events/races.*** Your attendance will be greatly appreciated.

Please return the permission note to your child’s teacher on or before Thursday 16 June 2022.

EBONY BORG & LAURA HARDEN
Athletic Carnival Organisers

LUCY MARTIN
Relieving Principal

✂=====

PERMISSION NOTE

I give permission for my child..... in class to participate in the Athletics Carnival on Tuesday 21 June 2022 at Dwyer Oval, Warwick Farm. I understand students will be travelling by bus to and from the venue and there is a \$5 cost for the buses.

.....
In the event of illness or injury I authorise the accompanying teachers to get medical assistance on my behalf.

MEDICARE NUMBER:.....

CONTACT NUMBERS (Work):..... (Home):

(Other):.....

SIGNED:.....
(Parent / Caregiver)

DATE:.....