



BLACKTOWN ZONE CROSS COUNTRY

Dear Parent / Caregiver

Your child has been selected to represent **Wyndham College** at the **Blacktown Zone Cross Country carnival** at **Wyndham College** on **Friday 30 April 2021**.

Students will be supervised during the day by Wyndham College staff and will be dismissed at the completion of the event.

An entrance fee of \$2 will apply to this event which must be paid at the office.

2. Medical Insurance Information

Important Information: In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education and Communities for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, school sport zone, and region and state school sport associations when deciding whether additional insurance cover is required. Personal accident insurance cover is available through normal retail insurance outlets.

Parents who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. Further information can be obtained from www.sportinginjuries.com.au

Students will be issued with a running singlet which must be returned on the day, but may compete in their Wyndham SLR or sports coaching t-shirt. Students must wear shoes on the course and plain black or blue shorts.

Nathan Hulands
Organising Teacher
21EXC08

Karen Smith
Principal



Blacktown Zone Cross Country

Please return permission note and payment to the Office by lunch on Friday 23 April 2021

I hereby give my childpermission to attend Cross Country at Wyndham College on **Friday 30 April 2021**.

Special needs of my child of which you should be aware... (e.g. allergies etc.)

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Daytime phone number of parent / caregiver

Student mobile number.....

Signature.....

Date.....

(parent / caregiver)