



Gilgandra Public School

Honesty & Courtesy



Safe, Respectful, Learners

Principal
Patricia Howard

P.O Box 19
Gilgandra NSW 2827

Email: gilgandra-p.school@det.nsw.edu.au

Tel: 02 6847-2043
Fax: 02 6847-2304

18 May 2022

Dubbo District PSSA Cross Country

Your child has been selected to represent Gilgandra Public School at the DDPSSA Cross Country.

When: Wednesday 25th May 2022

Venue: Geurie Racecourse — Comobella Rd, Geurie

Schedule:

10:00am	Schools/Students arrive
10:15am	Competitors walk the course
10:45am	Marshalling of 8/9 Boys

All other age groups will follow in 15 minute intervals. After all races have been completed, there will be a ribbon presentations and the winning school will be announced.

Travel: Students are responsible for their own travel to and from the carnival. Attached is a list of the students selected to assist you with travel arrangements.

Team Manager: Mrs Lisa Eason will be the team manager. Please find her when you arrive at the racecourse and get your name marked off. If you wish to take your child after their race, you need to ensure that they have their name marked off by Lisa before leaving the venue. Mr Adam Smithers will also be at the event assisting with the races.

What to wear and bring:

- Your best school sports uniform — remember you are representing the school
- Good running shoes
- Enough food and water for the day
- Sunscreen
- A hat
- Medication including asthma puffers
- School jumper and track pants in case it is cold
- A bag to put everything in—a school bag should be fine

Competition Rules: Attached is a list of the competition rules provided by DDPSSA. Please read these before coming to the event.

Please return the attached permission and medical note as soon as possible.

Adam Smithers
Sports Coordinator

ENTRY RULES

Could you please ensure that all teachers, participants and parents are provided with the following information.

1. All competitors entering these trials automatically make themselves available for the Western Area Cross Country Trials to be held on **Wednesday June 15th 2022 at Geurie.**
2. All competitors must wear shoes.
3. No more than 5 competitors from each school may enter each event.
4. Competitors may only participate in 1 event. (The age that they are turning in 2022)
5. Each child should wear their school's sports uniform and name tag.
6. Any assistance to a competitor will result in their disqualification.
7. Please ensure children who may need asthma puffers to bring them. Competitors are permitted to use them during the event.
8. Any protests are to be addressed to the carnival organiser within 10 mins of the completion of the race.
9. Only the first 4 placegetters will be eligible to attend the Western Area Trials at Geurie on Wednesday 15th June.
10. If competitors have compelling reasons about why they can't attend the DPSSA trial, school managers must let the Convenor know prior to the carnival, they then may be permitted to run at the WPSSA trial.
11. Competitors cannot attend State if they haven't competed at the WPSSA trial.

2022 Gilgandra Public School: Cross Country Representatives

Year 1/2 Heroes: Daisy, Amelia, Darnan

Year 2/3 Panthers: Zailen, Savanah, Savannah

Year 3/4 Imagineers: Abi, Amelia, Blake, Joey, Matari T, Brock

Year 4/5 Wizards: Sasha, Acacia, Kaliyah, Haylee, Indi, Kobi, Jack E, Solomon

Year 5 Explorers: Pippa, Aylah, Kelarni, Kahlea, T, Callan

Year 6 Magpies: Shadiamond, Skyla, Jayman, Ezekiel, Shekkylah, Ruby,
Chloe E, Kheelin, Cooper, Sam, Deklyn

Geckos: Ryan

Stars: Laurance, Lachlan



Gilgandra Public School

Honesty & Courtesy



Safe, Respectful, Learners

Principal
Patricia Howard

P.O Box 19
Gilgandra NSW 2827
Email: gilgandra-p.school@det.nsw.edu.au

Tel: 02 6847-2043
Fax: 02 6847-2304

Dubbo District PSSA Cross Country

I give permission for my child to participate in the DDPSSA Cross Country on Wednesday 25 May 2022.

I understand that it is my responsibility to arrange transport for my child to and from the event.

In case of emergency, I give permission for my child to be transported, by ambulance if necessary, to the nearest hospital for assessment and treatment.

Signed:
Parent/Carer

Date:.....

Medical Details

Childs Name:.....

Emergency Contact:.....

Medicare Card Number:.....

Phone Number:.....

Health Fund:.....

Membership Number:

Medical Conditions - Please tick those that apply to your child and give details and dosage of any medication given.

Asthma:
.....

Allergies:
.....

Other:
.....

Name of Family Doctor:

Phone: