



# The Murray Darling Team invitation for Barrier Cross Country in Broken Hill 18th/5/2018

Dear Parents/Caregivers,

Congratulations on your child / ren \_\_\_\_\_ gaining a top six place in the recent Murray-Darling Cross Country Carnival at Euston.

Your child is invited to compete at the Barrier Cross Country Carnival in Broken Hill on Friday the 18th of May. The Cross Country Carnival will take place at Memorial Oval beginning at 10.00am South Australian time they are asking participants to be there by about 9.30am. Families will need to take responsibility for getting their child/ren to and from the Barrier Cross Country event as there is no bus provided this time.

If your child/ren are planning to attend the Carnival please complete the attached participation & medical form and return to your school as soon as possible.

Your child should bring warm suitable clothing over the top of their Murray Darling running uniform and school shorts, plenty of water and snacks that will fit into their back packs. Students must be responsible for their own property. A canteen will be run on the day by North Public School P & C. A food cost sheet has also been attached. Your child's Murray Darling race shirt should be provided by your school before your departure.

A canteen will also run on the day by the Broken Hill Public school P&C. A Teacher from Euston Public & Gol Gol Public Schools will be there on the day to assist the team.

The medical and participation notes need to be returned to your child's school by Monday 14th of May. If you have any concerns or enquiries please contact your school sports co-ordinator who will in turn contact me.

Yours Sincerely  
Rober Markl

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Murray Darling Cross Country Team Co-ordinator  
Euston Public School  
0423093664

# Barrier PSSA Cross Country Participation and Medical Note

**Permission Details:**

I give permission for my child \_\_\_\_\_ to participate in the Barrier Cross Country Championships being held at Memorial Oval Broken Hill On the 18<sup>th</sup> of May 2018.

**Personal Details:**

Childs full name \_\_\_\_\_

Parents Name \_\_\_\_\_

School \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Phone number/s Home \_\_\_\_\_ Mobile \_\_\_\_\_

Extra Contact Persons Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical:**

Does your child have any medical condition/s that may be affected through cross country running? E.g. asthma, allergies etc. Please also list treatment required

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Should it be necessary for my child to receive medical treatment, I give the teacher/s permission to use their judgement in obtaining the treatment required. I understand that any cost occurred will be my responsibility.

Medicare number \_\_\_\_\_ or Health Care Card number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent Name; \_\_\_\_\_ Parent Signature; \_\_\_\_\_ Date; \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please return permission note to your school by Monday the 14<sup>th</sup> of May 2018 if your child is attending.*