



Online Form - 2025 School Athletics Carnival 27/03/2025

Activity Name:	2025 School Athletics Carnival 27/03/2025
Date/Time:	Thursday 27 March 2025 9:00am - 3:10pm (9.00am at Glendale Technology High School to walk to Hunter Sports Centre Glendale)
Description:	To participate in the whole school athletics carnival School covering cost of event All Staff Attending NOTE: Students wishing to participate in 1500m and/or the Triple Jump MUST be at the venue for an 8:30am start. Students will need to pre-register for events with Miss Whitehead prior to the day.
Venue:	Hunter Sports Centre (Stockland Drive, Glendale 2285)
Start Location:	Glendale Technology High School
End Location:	Glendale Technology High School
Transport:	Students will walk to and from the venue under teacher supervision.
Dress Code:	Students are encouraged to wear their house colours. Appropriate footwear for sport.
Food:	Students to pack their own lunch, snacks and water bottle. Canteen facilities will be available at the venue.
Additional Information:	Mobile phones - As this is a school event, normal mobile phone rules apply. They must be turned off and locked in Yondr pouches. Your supervising teacher will direct when mobile phones can be utilised for educational purposes.
Due Date:	Thursday 20 March 2025

* indicates a required field

I have read the above details and give consent for my child, to attend the 2025 School Athletics Carnival 27/03/2025 *

Yes No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Medical conditions/information relevant to the activity (including any medication required):

My child can be photographed at this event on the understanding the images may be used through our school communication.: *

Yes

No

Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: *

Yes

No

I am aware that payment MUST be made by the next school day after permission has been provided. Failure to do so will forfeit your child's place in this excursion. : *

Yes

Does your student have any medical conditions? Please outline below. :

Parent/Carer Signature: *