**2023 ATHLETICS CARNIVAL - EVENT NOMINATIONS**

**YEARS 2 TO 6 ONLY**

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| --- |
| **PLEASE RETURN TO THE FRONT OFFICE BY Wednesday, 29 March 2023** |
|  |

Our annual Athletics Carnival will host a number of track and field events as well as novelty games for our students to participate in. *(Practise specialised movement skills and apply them in a variety of movement sequences and situations. Kindy and Year 1 will participate in novelty rotations.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **Class:** |  |
| **Date of Birth:** |  | **Gender:** |  | **House:** |  |

**AGE DIVISIONS** (please check)

|  |  |  |
| --- | --- | --- |
|  | 8 Years | Born 2015 |
|  | 9 Years | Born 2014 |
|  | 10 Years | Born 2013 |
|  | 11 Years | Born 2012 |
|  | 12 Years | Born 2011 |

I wish to nominate to compete in the following events at the 2023 Athletics Carnival. I understand which events my child is eligible for depending on their age.

**TRACK EVENTS** (please check)

**Students who are participating in the 800m event will need to be dropped at Woden Athletics Park by 8.15 am for an 8.30 am race start.**

|  |  |  |
| --- | --- | --- |
|  | 800m | 10 years and under, 11 and 12 year olds *(10 and under run together in one race)* |
|  | 200m | 10, 11 and 12 year olds |
|  | 100m | 7, 8, 9, 10, 11 and 12 year olds |
|  | 70m | Only 9 years and under |

**HIGH JUMP**

**Any student who would like to submit a high jump score will need to provide a copy of their PB that has been signed/certified by an athletics instructor.**

**DISPUTES**

The Disputes Committee consisting of the Meet Manager and Judge will deal with protests. No parents are to enter the track/field areas unless they have a designated job.

***I am available to help out at the Athletics Carnival:***

***Yes No***

|  |  |  |
| --- | --- | --- |
|  Full Name of Parent/Carer:  |  |  Date: |

**2023 ATHLETICS CARNIVAL**

**PARENTS SIGN-UP SHEET**

Thank you for volunteering to assist us at our upcoming Athletics Carnival!

Please note that all volunteers will need to complete a Volunteer Nomination Form and provide a copy of their current Working with Vulnerable People Card together with this completed form.

|  |
| --- |
| **Name of Parents/Carers:** |
|  |
| **Phone:** |  |
| **Email:** |  |
| **Activity/Game Description:** |
|  |
| **Equipment:** |
|  |
| **Availability:** (please tick) |
|  | All day (9:30am – 2:00pm) |  | Morning session (9:30am – 12:00pm) |  | Afternoon session (12:30pm – 2:00pm) |
| **I would prefer to run activities for:** (please tick) |
|  | All ages |  | Kindy to Year 1 |  | Year 2 to Year 6 |