7th February 2017

Dear Parents/Guardians

**NSW All Schools Individual and Teams Triathlon Championship/Selections 2017**

Your child has nominated to attend the NSW All Schools Teams Triathlon Championships/Selections on either Wednesday 22nd February (individual competitors) or Thursday 23rd February 2017 (team competitors) at the International Regatta Centre Penrith. Please be aware that this event is a selection race for the 2017 NSW All Schools Team to contest the School Sport Australia Championships later in the year. Information for the event are as follows:

**Venue:** Sydney International Regatta Centre, Castlereagh Rd, Penrith Lakes

**Date:**
- Wednesday 22nd February 2017 for individual competitors
- Thursday 23rd February 2017 for team competitors

**Time:**
- Registration is from 7:00am to 8:00am. Bike Rollout (inspection will be from 7:00am-8:00am, it is suggested to get your bike checked as early as possible to avoid long waits. Please refer to: [https://www.csss.nsw.edu.au/nswccc-triathlon-sport-specific-information.asp](https://www.csss.nsw.edu.au/nswccc-triathlon-sport-specific-information.asp) for a schedule of the events

**Cost:**
- Individual competitor $30.00. You need to register and pay online yourself for this event. **Registrations close online on Wednesday 15th February 2017 and No LATE ENTRIES will be accepted.**
- $15.00 per person ($45.00 per team). This money needs to be given to the school office with the permission slip or paid online with Trybooking via the link in the permission note.

**Equipment:**
- Competitors will be required to provide own equipment (eg bike, helmet etc). The school will provide singlets and swim caps for competitors to wear.

**Transport:**
- Private Transport
- All students will need to make their own way to and from the venue.
- Please Note: Students are only to travel to and from the venue with their parents, or the parents of another student. If there are any problems regarding these arrangements please let the school know.

**NOTE:** Category age is determined by the competitor’s age as at the 31st December 2017

**Due to the small numbers of students competing there will not be a staff member attending the event.**


Please complete the attached slip and return it to the office by **Monday 13th February 2017.**

Yours sincerely

Mrs M Garbutt
Sport Coordinator
NSW ALL SCHOOLS TRIATHLON CHAMPIONSHIPS 2017

To be returned to the Office on or before Monday 13th February

Event: NSW All Schools Triathlon
Teacher: Mrs Linsley Coordinating at school – no teacher will be present on the day
Date: Individual: 22nd February
Teams: 23rd February

I give permission for my child __________________________________________ of Homeroom ________________ to participate in the NSW All Schools Triathlon Championships on:

☐ Wednesday 22nd February 2017
☐ Thursday 23rd February 2017

I am aware that my child must register and pay for the individual event online.
I have enclosed $15.00 for the team entry fee.

Please state if your child is the swimmer, cyclist or runner in the event:
_________________________________________________________________________

My child will be traveling to the venue with:
_________________________________________________________________________

Contact Number:_________________________________________________________________________

My child will be traveling home from the venue with:
_________________________________________________________________________

Contact Number:_________________________________________________________________________

My child suffers from the following medical conditions:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Medicare number: _______________________________

Date of birth: _____________________________

Parent Name (please print)_____________________________________________

Parent Signature:_____________________________________________________

Contact Number:_____________________________________________________

Date:_________________________