

SWIMMING CARNIVAL

12th December, 2018

Dear Parents,

Next year's Swimming Carnival will be very early in Term 1 2019. The details are as follows:

- Date:** Thursday, 31st January
Venue: Engadine Leisure Centre
Cost: \$12.00 approx (will be included in Semester 1 invoice)
Time: Buses leave school at 9:20am

The carnival will consist of 50m & 100m freestyle races, 200m medley and form strokes as well as 25m freestyle races. The 100m freestyle, individual medley and form strokes will be timed finals, as will events with only one heat. Children who are unable to swim 50m freestyle will be able to participate in the 25m freestyle race, starting in the shallow end.

Children are to wear their house polo shirt with their sports uniform shorts. **All children MUST wear a hat and shirt at all times when not in the pool. Sunscreen is essential, both in and out of the water.**

Children are advised to bring their own lunch and drinks. Canteen facilities may be available during the day.

Year 2 children who turn 8 this year (born 2011) will be permitted to participate in the carnival if they can swim 50m.

Parents, relatives and are welcome to attend as spectators but need to pay entry at the pool. Your assistance as an official / helper would also be most appreciated.

Please give an indication of your child's swimming ability on the note before signing

Peter Kingham
Carnival Organiser



Sonia James
Principal

I give my child _____ of class _____ permission to attend the Swimming Carnival on Thursday, 31st January 2019 at Engadine Leisure Centre, involving travel by bus.

My child will be: (please tick)

- travelling to and from the pool by bus
- only travelling to the pool by bus

Special needs of my child which you should be aware (eg allergies, medication, medical conditions etc)

My child: (please tick one)

- has had swimming lessons and is confident in deep water
- can swim 25m
- can swim 50m+

To the best of my knowledge he/she has no medical condition, disability or injury which puts him/her at risk in participating in the sporting activity.
In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Signature of Parent / Caregiver: _____ **Date:** _____

PLEASE RETURN TO THE OFFICE BY *TUESDAY, 29th JANUARY 2019*

Please forward this section to Mr Kingham

I AM ABLE TO ASSIST AS AN OFFICIAL

Name _____