Tuesday 18 November 2014

2015 COMBINED SMALL SCHOOLS SWIMMING CARNIVAL

Dear Parents and Carers,

Our combined Small Schools Swimming Carnival with Luddenham PS, Mulgoa PS and Orchard Hills PS will be held on Tuesday 3 February, 2015.

Only students who can swim 50m competently and are turning 8 years or older in 2015, may take part.

Date: Tuesday 3 February 2015
Venue: Glenbrook Swimming Centre, Wascoe St, Glenbrook
Cost: $4.00 pool entry per student (to be paid to school office by Friday 5 December 2014)

$2.10 pool entry for spectators, $1.60 senior concession (to be paid at the entry gate on the day)

Transport: Parent Transport
Departure: From Wallacia Public School no later than 8.45am
Arrival: Returning to Wallacia Public School by 3pm
Attire: Swimming costume under sports uniform or house colours (red for Prospect, blue for Nepean). All articles of clothing must be clearly marked with the student’s name. Enclosed shoes are to be worn, not thongs.

Students are to bring:

- Recess and lunch – including water/drink, in clearly marked disposable bags (no peanut/nut products)
- a hat, & sun-screen, to be applied regularly,
- 2 towels,
- swimming goggles (if desired),
- dry underwear,
- a plastic bag for wet gear,
- warm jacket or track suit,
- ASTHMA PUFFER (if required)
Canteen: The canteen will be open for the purchase of food and drinks. Please do not send more than $10.00 per child if you wish your child to purchase food or drink.

Staff members with CPR training: Mr Davies, Miss Jackson

Additional information:
- Students will be under the supervision of teachers at all times as this is a normal school day. All students must remain seated in their school group unless they are competing.
- If your child suffers from asthma or requires medication, please advise Mr Davies or Miss Jackson prior to the carnival.
- Parents and friends are welcome to attend on the day and if possible assist with the running of the carnival.
- Each school will need at least 4 parents to assist on the day. Please note that spectators will need to pay $2.10 ($1.60 senior concession) for pool entry (payable at pool entry gate).
- The carnival will go ahead even if it is raining as there is no back-up date available.

If your child has a medical condition that will preclude or limit involvement, please indicate this in the attached section, which is to be returned to school by Friday 5 December 2014. This is to allow competitor names to be submitted to the organising school.

Mr Mark Davies
Principal
2015 COMBINED SMALL SCHOOLS SWIMMING CARNIVAL

Please return to the office by Friday 5 December 2014

Parent Consent and Transport

I hereby give consent for my son/daughter ........................................................ to participate in the 2015 Combined Small Schools Swimming Carnival on Tuesday 3 February 2015.

Special needs of my child, of which you need to be aware (e.g. allergies, asthma, medication) ..................................................................................................................................................................................
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I will be able to transport my own child (please circle): Yes No

If yes, I will be able to transport … number of students in addition to my child

To the best of my knowledge, he/she has no medical condition or injury, which puts him/her at risk in participating in this activity:
Yes: □ No: □

I understand that this excursion has the approval of the Principal.

Signature of Parent / Caregiver ........................................ Date: .....................................

Student Swimming Competence

Child's date of birth:............ Age at last birthday:.............

Please tick and initial the distances / strokes which your child is able to swim competently and unaided, and in which he/she plans to compete at the carnival.

Please note this section requires a parent/guardian to initial each event nominated, as your child requires permission to enter each event.

_______ Freestyle 50m Parent Initials:.............

_______ Freestyle 100m Parent Initials:.............

_______ Breaststroke 50m Parent Initials:.............

_______ Backstroke 50m Parent Initials:.............

_______ Butterfly 50m Parent Initials:.............

_______ Individual Medley 200m (4 x 50m each stroke) Parent Initials:.............

My child is able to □ jump into the water only □ dive into the water

In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Contact Number: Mobile: _____________________

Other daytime phone No:______________
Parent Assistance

Each school will need a minimum of 4 helpers on the day. Please indicate if you are able to assist.

I will be available to assist on the day of the carnival in the area of:

___ marshalling  ___ time keeping  ___ recording  ___ transport

Your anticipated assistance is very much appreciated.

_________________________________  ___________________________________
Parent / Caregiver’s Signature  Name – Please Print