**Kincumber Public School**

## 2017 SWIMMING CARNIVAL – PENINSULA LEISURE CENTRE

**MONDAY 27 FEBRUARY 2017**

Dear Parents/Carers

The annual school swimming carnival will be held at the Peninsula Leisure Centre on **Monday** **27 February 2017** for all children in years 3 -6 and those children in year 2 turning 8 in 2016 and who can swim 50m. There will be NO unstructured swimming activities or novelty events to cater for non-swimmers. Children will return to school in time for afternoon buses.

* Children should arrive at school at the normal time where the roll will be marked and then will travel to the pool by bus.
* All primary children are expected to attend, unless they are non-swimmers and/or do not have parent permission. Supervision will be provided at school for children not attending.
* Any student absent on the day is expected to provide a note explaining the absence.
* Cost to students to enter the pool and bus fare is $9.00.
* Children should bring lunches, snacks and drinks (plenty of water, but no glass bottles please).
* Uniforms should be worn and t-shirts in house colours are encouraged.

**PICKETT**: purple **DAVIS**: blue **DUNLOP**: gold **PIPER**: red

* Valuables such as jewellery, watches, phones etc should be left at home and all clothing and towels should be labelled.
* Children competing in the open 100m Freestyle event need to be on the first bus to leave school.
* Individual medley is not included in our program. To apply for entry for this event at district level, your swim coach must time an IM and provide a letter to Mr Wright stating your time ASAP. Qualifying times for Junior IM (8, 9 and 10year olds) is 3:40:00 and Senior IM (11, 12 and 13 year olds is 3:20:00).
* Please indicate whether you will take your child home after the carnival or name the person who will take your child home.
* Please complete **all** sections of the permission note for each child attending. (separate note for each child)

**WET WEATHER ARRANGEMENTS:** The carnival will be on regardless of weather as it is indoors

Kind regards

**Trish Peters Jon Wright**

**Principal Sports Co-ordinator**

### Medical Disclaimer

Parents please note that there is no personal insurance cover provided by the NSW Department of Education and Communities for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, zone, area and state school sport association when deciding whether additional insurance cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

## Kincumber Public School

**2017 SWIMMER INFORMATION Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Swimming Participation** (Please tick appropriate boxes)

In relation to the proposed water or swimming activities:

* I **give** permission for my child to participate in the water/swimming activities.
* I **do not** give permission for my child to participate in the water/swimming activities.

I advise that my child is a

* strong swimmer- can swim at least 50m without stopping
* average swimmer – can swim 25m without support or can swim 50m with a couple breaks
* poor swimmer – can’t swim 25m without support
* non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water.

🞏 water wings 🞏 flotation vest 🞏 bubble 🞏 other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_

* I undertake to provide this device so that my child can participate in the water/swimming activities.
* I am unable to provide this device.

**2. Race entry form**

Only students nominated by parents as strong swimmers are able to enter races of 50m or more in the following events.

I certify that my child has the ability to enter the following events (tick all that apply):

* 100m freestyle
* 50m breaststroke
* 50m backstroke
* 50m butterfly

My child was born in \_\_\_\_\_\_ (year) and will turn/has turned \_\_\_\_\_\_ years old in 2017.

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 sport activity.

I have read the medical disclaimer and understand that travel will be by bus. In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Medicare No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for use at medical centres, surgeries).

Contact Number: Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_

**3. Travel home at the conclusion of the carnival** (Please tick appropriate box)

* My child will return to school by bus for usual travel home arrangements
* I will be taking my child home
* I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class \_\_\_\_\_ to travel home from the pool in the care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

**Signature of Parent/Caregiver:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_