

30 January 2019

## SWIMMING CARNIVAL 2019

Dear Parents / Caregivers

Riverstone Public School Swimming Carnival will be held on Tuesday 12 February 2019 at Riverstone Pool for all students from Years 3-6 and students **turning 8 years old from Year 2 who are competent swimmers**. *This is a compulsory school day and all students are expected to attend.* The carnival is planned in such a way as to provide opportunities for maximum involvement by all students.

We would like all students to be at school by **8.55am** to enable rolls to be marked. All **competitive** students in Years 2-6 will walk to the pool leaving school at 9.00am sharp. The remainder of students will proceed to walk to the pool at 10.30am.

The cost of the carnival will be \$4.00 per child. This amount covers entry to the pool.

The events at our carnival will be age races and novelty events. There will be no free swim. Please note that there will be no Individual Medley swum on the day. If your child competes in swimming competition and can provide evidence of a recent time for this event we will be able let them swim at the next level should their time qualify.

Students are to wear sports uniform or house colours on the day. The school house colours are Dhuarg (black), Langton (red), O'Connor (green) and Richards (blue). Students need to bring a bottle of water, sunscreen and their school hat. Students will need to take their recess and lunch to the carnival on the day. Limited canteen facilities will be available for the students.

Parents are most welcome and are encouraged to come along and support their children. All children will be required to sit in their house groups for the carnival.

At the conclusion of the carnival, parents will be permitted to sign their child out at the recording table. All other students will walk back to school with teacher supervision. **NO CHILD WILL BE PERMITTED TO STAY AT THE POOL AT THE CONCLUSION OF THE CARNIVAL.**

Please complete all sections of the swimming Carnival Note including Excursion Consent Form, Carnival Participation and Medical Information.

**Final Date for Permission Notes and Payment will be Monday 11<sup>th</sup> February 2019.**

**No late notes or payment will be taken.**

Thank you for your cooperation

Mrs Christine Calder  
Relieving Principal

Mrs Erin Plummer  
Swimming Carnival Organiser

**PARENT GUARDIAN CONSENT FORM**

I hereby give my child \_\_\_\_\_ of class \_\_\_\_\_ permission to participate in the Riverstone Public School Swimming Carnival to be held at Riverstone Pool on Tuesday 12 February 2019. I give permission for photos to be taken by staff. I understand that my child will be walking to and from the venue. This activity has been approved by the principal.

**I have enclosed \$4.00 to cover the cost of pool entry.**

Parents Signature: \_\_\_\_\_

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My child has permission to undertake the following events. I understand should they not swim in any of the following events they will be able to participate in the novelty events at the conclusion of the carnival.

**Novelty events are for ALL students.**

Please tick the appropriate boxes: **NOTE – students cannot swim in an event if it has not been ticked**

|                  |                          |                       |  |
|------------------|--------------------------|-----------------------|--|
| 50m Freestyle    | <input type="checkbox"/> | 25m Freestyle         | <input type="checkbox"/>                 |
| 50m Backstroke   | <input type="checkbox"/> | 25m Backstroke        | <input type="checkbox"/>                 |
| 50m Breaststroke | <input type="checkbox"/> |                       |  |
| 50m Butterfly    | <input type="checkbox"/> |                       |  |
| 100m Freestyle   | <input type="checkbox"/> | noodle/ kickboard 25m | <input type="checkbox"/> (weak swimmers) |

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**MEDICAL DETAILS – PLEASE COMPLETE**

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving medical or surgical attention as deemed necessary by a medical practitioner
- Administer such first-aid

Doctors Name: \_\_\_\_\_

Doctors phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

My child has the following medical conditions.

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I understand if my child has asthma that I have packed the appropriate medication required to complete the day's activities.

Parents Name: \_\_\_\_\_

Signature \_\_\_\_\_