Dear Parents/ Carers,

6th February 2017

St John the Apostle's Swimming Carnival will be held on Monday 20th February 2017 at CISAC Belconnen. Please read the below information, then complete the permission slip with your child and return it to their class teacher by Friday 5th February 2016 for Year 6 students and Monday the 8th February for students in Year 2, 3, 4 and 5. Please indicate (circle) the races your child would like to compete in on the permission slip.

Date: Monday 20th February 2017
Venue: CISAC
Leave School: 9.10 Arrive at the Pool: 9.30
Carnival Finishes: 2.10 Arrive back at school: 2.30

What to bring: School sports uniform (optional shirt in your child's House colour), hat, sunscreen, water bottle, recess, lunch, change of underwear, swimmers and a towel.

Children are not permitted to compete in both 25m and 50m races for the same strokes. 200m IM events and 100m and 50m butterfly will be held at the pool before the rest of the school arrives. So if your child wishes to compete in these events, you will need to drop your child/ren at the CISAC pool at 8:50am.

Is your child a non-swimmer? Yes/No

My child (Name)________________in (Class)_______ would like to participate in the following 25m races:
Freestyle

My child (Name)________________in (Class)_______ would like participate in the following 50m races:
Freestyle Breaststroke Backstroke Butterfly

My child (Name) ________________in (Class)_______ would like to participate in the following 100m/200m races: 200m IM and 100m and 50m butterfly will be held at the pool from 8.50am.
Freestyle Breaststroke Backstroke Butterfly

200m Individual Medley
(Children may compete in both 50m and 100m races)

I (parent’s/carer’s name) ___________________________ would like to assist with running the carnival on the day.

My preferred job would be (please circle)
Recorder Ribbons Timekeeper Finish Judge Assist in water activities Hospitality
Any, I don’t mind.
SAINT JOHN THE APOSTLE PRIMARY SCHOOL

Excursion: Swimming Carnival

When: Monday 20th February 2017

STUDENT DETAILS:

Surname: ____________________________  Given Name: ____________________________

Date of Birth: __________________  School: Saint John the Apostle Primary School Florey ACT 2615

Parent/Carer Contact Number: (1)__________________________ (2) __________________________

EMERGENCY CONTACT: (Other than already listed)

Name: _______________________________  Contact Number: ____________________________

Relationship: __________________________

PARENTAL CONSENT:

As Parent/ Guardian of _______________________________ I give my consent for him/her to participate in the SAINT JOHN THE APOSTLE PRIMARY SCHOOL SWIMMING CARNIVAL and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I submit the attached medical information about the abovementioned student and include details of limitations, which he/she has for the activities concerned.

I give permission for my child to travel to and from the venue by bus.

Is there any other medical concerns that may affect your child on the day. (Please tick below)

☐ Allergies  ☐ Blood pressure  ☐ Epilepsy  ☐ Hayfever  ☐ Nose bleeds
☐ Anaphylaxis  ☐ Bowel problems  ☐ Fainting  ☐ Headaches  ☐ Reaction to drugs
☐ Asthma  ☐ Diabetes  ☐ Fits or blackouts  ☐ Heart condition  ☐ Sleep walking
☐ Bed wetting  ☐ Eczema  ☐ Anxiety  ☐ Insomnia  ☐ Sunscreen sensitivity

Any other concerns

________________________________________________________________________________________

________________________________________________________________________________________

Parent/Guardian Signature: _______________________________  Date: ____________________________

Many Thanks

Swimming Carnival Committee 2017