



WALLACIA PUBLIC SCHOOL
1573-1585 MULGOA ROAD
WALLACIA NSW 2745

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Principal: Mr Trev Mason

Monday 30 January 2017

2017 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 Monday 20 February, 2017.

Only students who can swim **50m competently** and are turning 8 years or older in 2017, may take part.

Date: Monday 20 February 2017

Venue: Glenbrook Swimming Centre, Wascoe St, Glenbrook

Cost: \$6.00 per student (to be paid to school office or via POP by Monday February 13 2017.) This fee included pool entry and other charges associated with carnival organisation and administration.

There is also \$2.80 pool entry for spectators, \$2.20 senior concession (to be paid at the entry gate on the day)

Transport: Parents are required to transport their children to the carnival. If parents are unable to transport their children to the carnival, carpooling where required is to be arranged.

Departure: From Wallacia Public School no later than 8.45am

Arrival: Returning to Wallacia Public School by 3pm

Attire: Swimming costume under sports uniform. 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 (two) towels,
- swimming goggles (if desired),
- dry underwear,
- a plastic bag for wet gear,
- warm jacket or track suit,
- **ASTHMA PUFFER** (if required)

Canteen: A 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.

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 Mason 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 \$2.80 (\$2.20 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.
- Only competitors who can swim 50 metres competently and are turning 8 years or older in 2017 may take part.
- ***As the Swimming Carnival is on the first day of Swim Scheme it will not be possible for students taking part in the Swim Scheme to attend the Carnival.***

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 **Monday 13 February, 2017**.

As the carnival is held in week 5 term 1, this is to allow competitor names to be submitted to the organising school.

Mr Trev Mason
Principal

2017 COMBINED SMALL SCHOOLS SWIMMING CARNIVAL

Please return to the office **BY MONDAY 13th FEBRUARY 2017.**
Parent Consent and Payment

I hereby give consent for my son/daughter to
participate in the 2017 Combined Small Schools Swimming Carnival on Monday 20 February
2017.

Special needs of my child, of which you need to be aware (e.g. allergies, asthma, medication)

.....
.....
.....

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 (In 2017):.....

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: _____

Student's Medicare number: _____

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

Parent Assistance
2017 COMBINED SMALL SCHOOLS SWIMMING CARNIVAL

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

Your anticipated assistance is very much appreciated.

Parent / Caregiver's Signature

Name – Please Print

Payment
2017 COMBINED SMALL SCHOOLS SWIMMING CARNIVAL

I have made an online (POP) payment on Date: _____ Receipt Number _____

I enclose \$6.00 (cash/cheque) per child: _____