**Spring Farm Swimming Carnival 2017**

Dear Parent or Caregiver,

Spring Farm Public School will be holding their swimming carnival at the Camden War Memorial Swimming Pool on Friday 10th February 2017. This carnival will be a twilight meet, commencing at 6pm and concluding by 8pm.

Please note this carnival is being held **for those who can swim 50 metres**. This is a Razorback zone qualifier carnival. Families of students competing in the swimming carnival are encouraged to spectate.

The only cost of the swimming carnival will be pool admittance, PAYABLE ON ENTRY AT THE POOL. Swimmers $3.50 and Spectators $1.50.

Parents and carers are required to transport their child/ren to and from the venue.

The staff member with CPR training is Mrs Creber, and other accompanying staff will be determined closer to the time of the carnival.

The excursion will involve the following swimming activities:

50m Freestyle 100m Freestyle

50m Breaststroke 200m Individual Medley

50m Backstroke

50m Butterfly

These activities will take place at Camden War Memorial Swimming Pool, Corner of Oxley St and Mitchell St, Camden.

Please complete the response on the following page as soon as possible. If you have any questions please see office staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mrs Chelsea Creber Mr Donovan Jance

Swimming Coordinator Principal

**Spring Farm Public School Swimming Carnival 2017**

Please complete response and return to the office by Friday 3rd February 2017.

……………………………………………………………………………………………………….

Response:

I do / do not consent to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of year \_\_\_\_\_ participating in the swimming carnival on Friday 10th February 2017.

In relation to the proposed swimming activities, I advise that my child is a: (*please tick one*)

|  |  |  |
| --- | --- | --- |
| ⬜ strong swimmer 50m + | ⬜ average swimmer 25m + | ⬜ poor swimmer 25m or less |

My child will most likely participate in the following events:

❒50m Freestyle ❒100m Freestyle

❒50m Breaststroke ❒200m Individual Medley

❒50m Backstroke

❒50m Butterfly

My son / daughter has the following special needs (please provide full details and include any relevant medical details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my child will receive medical treatment in the case of an emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name Signature Date