Dear Parents,

The Swimming Carnival for Years 2-6 will be held Monday 27th February, 2017 (week 5) and therefore needs to be organised prior to the students’ return to school next year. It is a requirement that all students attend this day, as it is a compulsory school day. It will be too early in the year for the Kindergarten and Year One students to attend this day so they will attend school as usual.

Date: Monday 27 February 2017 (week 5)
Time: 9:30 am – 2:30 pm
Transport: Bus
Cost: Covered by the excursion levy

Please assist your child to nominate a suitable event for this carnival. Due to the amount of children at the pool and time constraints, students can only nominate for one event type.

Events
1. Novelty races - for non-swimmers in the shallow pool
2. 20 metre freestyle race & novelty races - for developing swimmers in the shallow end of the ‘big’ pool
3. 50 metre and/or *100 metre races - for proficient swimmers
   - age races are only held for 50 metre freestyle
   - *100 metre races are all open (this is the requirement for PSSA qualifications).

Requirements
Children may wear house colours over their swimmers (sports uniform is not required). They must be sun-smart throughout the day (hat, sunscreen, t-shirts, water bottle), and bring a towel and their lunch.
A canteen operates at the pool and the children will be able to purchase snacks throughout the day.
Please ensure only a small amount of money is taken to the pool.

Volunteers needed
Every year we rely on the generosity of wonderful parents and grandparents to help run our carnivals. The swimming carnival (and other carnivals) will not be able to proceed without volunteers.

Working with Vulnerable People
Since 8 November 2013, the Working with Vulnerable People (Background Checking) Act requires all people who wish to help at school (carnivals, excursions, in class etc.) to be registered. Please do not let this turn you off volunteering as school events cannot operate without parent support.

There is no cost for volunteers to apply. Forms can be picked up from the front office or can be downloaded via the Office of Regulatory Services website www.ors.act.gov.au. The application, along with relevant documentation, is to be submitted, in person, at an ACT Shopfront. This process may take a few weeks so please allow enough time for your application to be processed prior to the swimming carnival.

Please complete the attached form and return by Monday 12 December, 2016.

Kind regards,

Julie Godfrey

Coordinator
Swimming Carnival 2017

Please return to your child's current teacher by Monday 12 December, 2016.

Student Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Current class:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Born:</td>
<td>House colour:</td>
</tr>
</tbody>
</table>

Entry Details - Nominate one of the following

Please tick one

☐ Novelty races - non-swimmers (shallow pool & water play)

or

☐ 20 metre freestyle & novelty races - developing swimmer (shallow end of 'big pool' + novelty races in shallow pool)

or

☐ 50/*100 metre races - proficient swimmers (indicate events below)

Please tick which events you would like to enter

<table>
<thead>
<tr>
<th>Event</th>
<th>Open 100 m Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 m Freestyle (age)</td>
<td>100 m Freestyle</td>
</tr>
<tr>
<td>50 m Backstroke (age)</td>
<td>100 m Backstroke</td>
</tr>
<tr>
<td>50 m Breaststroke (age)</td>
<td>100 m Breaststroke</td>
</tr>
<tr>
<td>50 m Butterfly (age)</td>
<td>100 m Butterfly</td>
</tr>
</tbody>
</table>

(PSSA qualifying decided on heat times)

Permission

I give my permission for __________________________ in current class __________________ to attend the school swimming carnival and travel by bus on Monday 27th February, 2017.

CONSENT TO MEDICAL ATTENTION: In the case of an emergency, I authorise the teacher in charge, where it is impracticable to communicate with me, to arrange for my child to receive such medical attention as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and medication while the child is on the excursion.

Signed: __________________________ Date: __________________________

Intention to volunteer (to avoid multiple copies, please only volunteer on your eldest child's form)

☐ I wish to be a volunteer at the swimming carnival.

Please indicate

☐ I hold a WWVP card. My number is __________________________

☐ I do not hold a WWVP card and will need to fill out a Statutory Declaration Form (as a once-off measure available on the school website).

Name: __________________________ Phone: __________________________

Please print