SACRED HEART SWIMMING CARNIVAL 2016
Notes to be returned by Tuesday, February 16 2016

When: Friday, February 26th 2016
Where: Phillip Swimming and Ice Skating Centre
Irving Street, Phillip
Who: Kinder to Year 6
Time: Depart Sacred Heart - Years 2 to 6 at 9.15am.
- Kinder and Yr 1 at 10.15am.
Arrive at Sacred Heart - Kinder and Yr 1 at 1.00pm (approx.)
- Years 2 to 6 at 2.30pm. (approx.)
Cost: This carnival is covered by the Activity Fee, no payment needed

All children at Sacred Heart participate in the swimming carnival, as the three pools will be available. The children will wear their full sports uniform to school on this day. They will need to have their swimmers under their uniform and bring a towel and a change of underwear. A plastic bag for wet towels and swimmers is recommended. Canteen facilities will not be available for our school, so children in Years 2 to 6 will need to bring their recess and lunch along with cold water to drink. Kinder and Year 1 children will take their recess and drink only, as they will return to school for lunch. A note will be sent home for Kinder and Year 1, outlining the organisation of the day. Every child must return the attached permission form to their teacher by Tuesday, February 16, 2016.

As always, we require parental assistance at the carnival. If you could assist during the day with timekeeping, novelty events or other duties it would be greatly appreciated. All volunteers must have a WWVP card. Timekeepers/Place Judges will need to be at the pool by 9.30am, to receive necessary instructions. Official helpers will receive free entry into the pool and be given a pass in prior to the carnival. All other parents and toddlers who wish to observe will be charged a spectator fee by the pool. Please be aware that the parking areas around the pool are pay parking. If you are able to assist at the carnival, please complete the form attached and return to school by Tuesday, February 16 2016.

In order for children in Years 2 to 6 to be placed in appropriate events at the carnival, the following form needs to be completed. Please note that a child CANNOT compete in a 25m race and a 50m race in the same stroke, however they may compete in a 50m race and a 100m race in the same stroke. Please remember that only children turning 8 or older this year and competing in 50m and 100m events can be considered for PSSA selection. Please consider your child’s ability and fitness when nominating events. This year’s PSSA Carnival is on Tuesday, March 29, 2016 at the AIS and children will be notified if selected to represent Sacred Heart.

The attached form for nominating events needs to be returned to school by Tuesday, February 16, 2016.
FORM FOR NOMINATING EVENTS  YEARS 2 to 6 ONLY

My child___________________________, in class__________, was born in ________
He/she will turn _________ years old this year.
He/she is in following Sports House: (Please circle house)
Egan (red)          Taylor (blue)                Belleville(yellow)               Conway(green)

Please circle the events your child will be competing in

<table>
<thead>
<tr>
<th>100 metres</th>
<th>50 metres</th>
<th>25 metres</th>
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</thead>
<tbody>
<tr>
<td>Freestyle</td>
<td>Freestyle</td>
<td>OR</td>
</tr>
<tr>
<td>Backstroke</td>
<td>Backstroke</td>
<td>OR</td>
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<tr>
<td>Breaststroke</td>
<td>Breaststroke</td>
<td>OR</td>
</tr>
<tr>
<td>Butterfly</td>
<td>Butterfly</td>
<td>OR</td>
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OR

My child is a non-swimmer and would like to participate in the novelty events only [□].

Signed________________________________Parent/Guardian

FORM FOR ASSISTING AT THE CARNIVAL

I am able to assist at the swimming carnival. The most suitable time would be from _______________ to _______________ My WWVP Card No: _______________

Name (Please print)___________________________ Phone_______________________

Eldest Child’s Name___________________________ Class__________________

I am aware that the teacher will request to sight my WWVP registration card if I assist with the excursion.

** FORM FOR PERMISSION- KINDER to YEAR 6**

Consent Form

As a Parent/Guardian of ___________________________ Roll Class _________ I give my consent for him/her to travel by bus to Phillip Swimming Pool and participate in the Sacred Heart Swimming Carnival on 26th February 2016 and agree to delegate my authority to the Staff and Instructors involved. Such Teachers and Instructors may take appropriate disciplinary action in accordance with school policy to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activities. I also authorise the Teachers and Instructors to obtain necessary medical assistance should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I submit the medical information below about the above student and include details of limitations, which he/she has for the activities concerned. I will ensure to send to school any puffers or medication needed. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

SIGNED ___________________________ Parent/Guardian

Medical Information (eg Asthma, Allergy etc)