9th February 2016

Dear Parents,

Your child has been selected to represent St Mary’s at the District Swimming Carnival to be held on Tuesday 16th February 2016 at the Werribee Swimming Pool, Watton St, Werribee.

The children will travel to and from the pool by bus. We will be leaving school at 8.45 am and returning before 3.20 pm. Parents may sign children out from the pool at the end of the day. Please see either of the supervising staff members before leaving the pool.

Sports uniform (white polo top) and hat must be worn. Sunscreen is highly recommended. Children will need to bring their towel/s (2 is a good idea), goggles, lunch, snack / brain food and water bottle in a small back pack or labelled plastic bag. Please endeavour to provide your child with healthy food choices – no soft drinks, lollies or chips.

Anything your child brings along they will be responsible for. Please ensure that all items are labelled with their name. School swim caps will be available for use on the day.

Parents are most welcome to come along and cheer our swimmers on. You will need to make your own way to the pool however. Your child has been given a list of their events. If you have any concerns about these events, please contact me as soon as possible.

The cost of this event is $7.50 per child. This will cover bus and carnival entry.

Please return the permission note and money in a labelled envelope to the school office before this Thursday 11th February.
If you have any queries please do not hesitate to contact me.

Regards

Margaret Masseni
Deputy Principal

Tim Lappin
PE / Sport Coordinator
ADSSA SWIMMING CARNIVAL

Please return before Thursday 11th February 2016

I give permission for my child________________________ in Year __________ to participate in the District Swimming Carnival held at Werribee Swimming Pool on Tuesday 16th February 2016.

I understand they will travel to and from the pool by bus and that the cost for the excursion will be $7.50.

I authorise the teacher in charge to consent to my child receiving such medical treatment as may be deemed necessary.

PLEASE TICK
  o  MY CHILD WILL RETURN TO SCHOOL BY BUS.
  o  I WILL COLLECT MY CHILD AT THE POOL AND BE RESPONSIBLE FOR TAKING THEM HOME.

Parent / Guardian________________________________________

Signed __________________ Date________________________

Phone Number (on Tuesday 16th February) ______________________

HELP NEEDED PLEASE.....

This year we may need to provide 2 officials to help with timing the 50m races and the relays and also a person to stand in the pool at the 25 m mark while the 25m races are on to give the children a finishing point.

If we get a few volunteers we can roster you on for short periods of time. Can you help with those jobs? Please tick

  o  Timing
  o  Pool Person

I have / do not have a Working with Children Check. (Please circle)