

7 February 2019

Swimming Carnival: Wednesday 13 March 2019

Dear parents and carers

The Duffy Primary School swimming carnival will be held at the Canberra International Sports & Aquatics Centre (CISAC), Belconnen. In order to comply with ACT Education Directorate procedures this will be a structured event with a mixture of competitive races, novelty and house relays. There will be NO free play at any stage during the day. Students **turning 8 years and older** are invited to attend this carnival (**only if entering competitive races**). Children 8 and under (non-competitive swimmers) will be involved in a Preschool to Year 2 water play day at school (details will be provided in a separate note). Parents are welcome to attend the swimming carnival and will need to pay a spectator fee of \$2.50 at the pool. The teacher in charge of this event is Shelley Penyu (Executive Teacher 3-6).

Important Information:

- Venue:** Canberra International Sports & Aquatics Centre (CISAC), Belconnen
Date: **Wednesday 13 March 2019**
Time: **All students entered into 100m events to meet Mrs Penyu at the pool at 8:30am (private transport)**
Depart Duffy Primary at 9:00am
Arrive at Duffy Primary at 2:30pm
Cost: **\$15 per child, this includes bus and pool entry**
Transport: Bus
Food: Bring your own recess and lunch. The pool canteen is not available for student use. We also request that parents do not purchase items from the canteen on behalf of their child.
What to Wear: House colours – Fleming = Red, Freeman = Blue and Perkins = Green
Students are to wear their swimmers under their clothing and bring goggles, a towel and change of clothes. Please ensure all items are clearly labelled with the student's name.

Students will be swimming in age groups based on the year in which they were born. For example, students born in 2007 are either 12 or turning 12 this year and will swim in the 12 years events. All events will be timed finals. As the district carnival has qualifying times, not all students who finish in the top 2 in each event will be eligible to represent the school at the district carnival.

Safety/Emergency Procedures:

If needed, the school can be contacted at the Canberra International Sports & Aquatic Centre on 62517888. In an emergency the school has access to all pool facilities and the appropriate emergency services. There will be a lifeguard for every 100 students present at the event.

It is important that staff are aware of your child's swimming ability prior to the event. Please ensure you carefully complete the attached permission note indicating your child's swimming ability and return with payment to the class teacher by **Friday 22 February 2019**.

There will be an alternate program at school for non-participating students.

Kind regards

Shelley Penyu
Carnival Coordinator

Swimming Carnival: Permission Note for Aquatic Event

Please complete this permission note and return it along with payment to your child's teacher **no later than Friday 22 February 2019**.

I give permission for my child _____ in class _____ to attend the Duffy Primary School swimming carnival Canberra International Sports & Aquatics Centre (CISAC), Belconnen on Wednesday 13 March 2019, travelling by bus.

Code of Conduct and Parental Agreements:

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I agree to my child participating in the swimming/aquatic activities mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child's attending this event.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency. I agree to provide any relevant medical information to the school to the excursion.

I have discussed with my child the need for sensible behaviour on this excursion.

Full name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: __/__/__

Mode of Payment: Swimming Carnival

NB: Please place *payment only* inside an envelope, clearly marked with your child's name and class and **return to your child's classroom teacher**. Please contact Alice in the Front Office if you wish to arrange a payment schedule.

Child's Name: _____ Class: _____

Direct Deposit: BSB 032777 A/C 001228 Identifier: **SWIM[Student Name]** Cost: **\$15**

- Cash Cheque (Please make payable to Duffy Primary School)
 Quickweb via our school website (Please use your Family Key, Student key and **SWIMCARN** as the identifier)

Please debit my MasterCard Visa Amount \$ _____

Card number:

Cardholder's name: _____ Expiry date: / /

Signature: _____

Swimming Carnival: Permission Note for Aquatic Event (continued)

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education Directorate.

As part of this event and to help ensure the safety of your child, please provide the following information:

Name of child: _____ Class: _____

Date of Birth: __/__/__

My child can swim: No Yes

Distance my child can independently swim (without any aid):

<input type="checkbox"/>	10m	<input type="checkbox"/>	25m
<input type="checkbox"/>	50m	<input type="checkbox"/>	100m

I agree to my child taking part in swimming/aquatic activities (for example novelty relays) associated with this excursion: No Yes

Events my child would like to participate in (please tick all that apply you may only choose 25 or 50m freestyle, not both):

<input type="checkbox"/>	25m Freestyle	OR	<input type="checkbox"/>	50m Freestyle	<input type="checkbox"/>	100m Freestyle*
<input type="checkbox"/>	50m Backstroke		<input type="checkbox"/>	50m Breastroke	<input type="checkbox"/>	50m Butterfly
<input type="checkbox"/>	100m Backstroke*		<input type="checkbox"/>	100m Breastroke*	<input type="checkbox"/>	100m Butterfly*

***Note: if your child would like to participate in any 100m event, they must be present at the pool by 8:30am (by private transport).**

Name of Parent / Carer: (please print) _____

Signature: _____ Date: __/__/__

Emergency contact on the day:

Contact Person: _____ Contact Number: _____

Parent assistance:

I am able to assist as a: (please circle) Place judge Time Keeper Stroke Judge

Name of helper: _____ Phone contact (during school hours): _____