

12 March 2021

Swimming Carnival: Monday 15 March 2021

Dear parents and carers

The Duffy Primary School swimming carnival will be held at the Stromlo Leisure Centre. 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. **Students in Year 3 and older are invited to attend this carnival. Preschool to Year 2 will be involved in a water play day at school (details will be provided in a separate note).** Parents are welcome to attend the swimming carnival as spectators (who are not volunteers) however there is a spectator fee of \$2.55 at the pool. *Please note that we will be adhering to the venue's COVID-safe plan and spectators might be denied entry if capacity is reached.* The teacher in charge of this event is Chris Currie (Sports Coordinator).

Important Information:

| | |
|----------------------|---|
| Venue: | Stromlo Leisure Centre, Stromlo |
| Date: | Monday 15 March 2021 |
| Time: | All students entered into 100m events to meet Mr Currie at the pool at 8:30am (private transport) Depart Duffy Primary at 9:00am Arrive at Duffy Primary at 2:15pm |
| 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 2012 are either 9 or turning 9 this year and will swim in the 9 years events. All events will be timed finals. As the regional 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 regional carnival.

Safety/Emergency Procedures:

If needed, the school can be contacted at the Stromlo Leisure Centre on 5114 2900. 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 5 March 2021**.

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

Kind regards

Chris Currie
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 5 March 2021**.

I give permission for my child _____ in class _____ to attend the Duffy Primary School swimming carnival at Stromlo Leisure Centre, Stromlo on Monday 15 March 2021, 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.

Please note: This excursion is an optional parent supported activity. This is an optional enrichment activity that our school is facilitating and payment is required to cover the costs incurred. The school has made every effort to keep costs for this activity at a reasonable level.

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

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

Signature of Parent/Carer: _____ 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.**

Child's Name: _____ Class: _____

Direct Deposit: BSB 032777 A/C 001228 Identifier: **SWIMCARN[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 a part of this assessment and to help ensure the safety of your child, please provide the following information:

Name of Child: _____ Date of birth: ____ / ____ / ____

Teacher Name: _____ Class: _____

Sporting House: (circle) Fleming Freeman Perkins

Distance my child can confidently swim:

less than 10m 10m 25m 50m 100m

I agree to my child taking part in swimming / aquatic activities (e.g. novelty relays) associated with this excursion.

I understand that my child will participate in the Royal Life Saving Society ACT Survival Challenge Proficiency Test which involves:

1. Perform a slide-in-entry and walk through 5 metres of water with acceptable stability and coordination
2. Swim continuously for 25 metres using an action an action that resembles a stroke
3. Perform survival scull, float or tread water for 1 minute in deep water. Call for help once within the minute
4. Exit water unassisted, and
5. Perform a voice rescue to a buddy who is pretending to be in trouble. Reassure the victim and encourage them to a point of safety. Call for assistance.

Students who cannot complete all these steps may only participate in structured activities (e.g. novelty relays) or unstructured activities in water below waist height.

Events my child would like to participate in (please tick all that apply). You may only choose 25m 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* |
| <input type="checkbox"/> Novelty events | | <input type="checkbox"/> 200m Individually Medly [#] – not held at our carnival. [#] Submit times to Mr Currie if wish to swim this event at South Weston Region | |

***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): _____

Email contact: _____