Dear Parents and Caretakers;

This year we are trialling a Twilight Swimming Carnival. This was discussed and approved by staff and at the P & C Meeting last year.

WHAT? Twilight Swimming Carnival
All Year 3-6
8 year old, Year 2 competitive and competent swimmers ONLY (able to swim at least 50m confidently)
Please note that there will be no novelty events for non-swimmers.

WHEN? Thursday, February 25th 2016 – Week 5 Term 1

TIME? 4.00pm – 7.30pm (approximately)
Students must be at the pool at 3.45pm for a 4.00pm start.

WHERE? Wyong Olympic Pool.

STUDENTS NEED: To wear: Swimmers and house colours.
To Bring: water bottle, hat, sunscreen and a change of clothing

TRAVEL? Parents must transport their own children.

COST? $2.60 (children participating)
$2 (spectators)
MONEY TO BE PAID WHEN ENTERING WYONG OLYMPIC POOL.
NO MONEY IS TO BE SENT TO SCHOOL

Children attending the carnival will need to stay in the spectator area under parental supervision during the carnival and will not be permitted in any other pool while the carnival is on. Only students participating in the events will be able to enter the pool - parents/other family members will not be able to swim on the night.

PERMISSION NOTE: Please return the attached permission note by Thursday, February 18th 2016.
It is most important that you have returned the permission and event entry note by this date as
NO LATE NOTES WILL BE ACCEPTED.

This activity has the approval of the principal.

PLEASE RETURN THE ENTRY FORM, PERMISSION AND THE MEDICAL NOTE BY
THURSDAY, FEBRUARY 18TH 2016.
Please ensure all sections of the notes are signed and completed.

Mrs Ruth Goodwin
Acting Principal

Mrs Keely McLaren
Sports Coordinator

Acting Principal: Mrs Ruth Goodwin
37 Colorado Drive
Blue Haven
New South Wales 2262

Tel: (02) 4399 0167
Fax: (02) 4399 0184
Email: bluehaven-p.school@det.nsw.edu.au
URL: www.bluehaven-p.schools.nsw.edu.au
**Event Entry Form**

**2016 Twilight Swimming Carnival**

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Gender</th>
<th>Class</th>
<th>Date of Birth</th>
<th>House</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Boy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Girl</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please circle or highlight the events your child will be participating in:

<table>
<thead>
<tr>
<th>Event</th>
<th>8yrs</th>
<th>9yrs</th>
<th>10yrs</th>
<th>11yrs</th>
<th>12yrs</th>
<th>13yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freestyle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Backstroke</td>
<td>Junior</td>
<td></td>
<td>11yrs</td>
<td></td>
<td></td>
<td>Senior</td>
</tr>
<tr>
<td>Breaststroke</td>
<td>Junior</td>
<td></td>
<td>11yrs</td>
<td></td>
<td></td>
<td>Senior</td>
</tr>
<tr>
<td>Butterfly</td>
<td>Junior</td>
<td></td>
<td>11yrs</td>
<td></td>
<td></td>
<td>Senior</td>
</tr>
<tr>
<td>Open 100m</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Open</td>
</tr>
</tbody>
</table>

* Please note that for the Wallarah Zone Carnival:

Juniors are 8, 9 and 10 year olds.
11 year olds are a separate group.
Seniors are 12 and 13 year olds.

All children are eligible for Open events but they must be able to swim 100m.

I give permission for my child ____________________________ of class __________ to participate in the above events in the Twilight Swimming Carnival at Wyong Olympic Pool on Thursday 25th February 2016.

SIGNED: ______________________ DATE: ________________

(Parent/guardian)
PERMISSION NOTE SWIMMING CARNIVAL 2016 – WYONG OLYMPIC POOL

Privacy Notice
The information provided on this form by you is being obtained for the purpose of this excursion.
It will be used by the NSW Department of Education and Training in the case of emergency.
Other persons or agencies may be provided with this information for the purpose of emergency care.
Provision of this information is required by law. It will be stored securely.
You may correct any personal information provided at anytime by contacting 43990167.
Please inform the school if your child’s medical conditions have changed.

Medical Disclaimer
Parents please note there is no personal injury insurance provided by the NSW Department of Education and Training for students in relation to school activities, physical education lessons or any other school activity. Parents and caregivers are advised to access the level and extent of their child’s involvement in the sport program offered by the school, zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

☐ I give permission for ___________________________________________________________ of class ___________ to participate in the Blue Haven Public School Twilight Swimming Carnival on Thursday, February 25th 2016—Week 5 Term 1.
☐ I understand that I need to provide transport for my child/ren to attend the carnival.
☐ I am unable to provide transport for my child/ren. My child/ren will be travelling to and from the carnival with ____________________________________________

(NO Child WILL BE ABLE TO ATTEND THE SWIMMING CARNIVAL WITHOUT A COMPLETED MEDICAL NOTE)

SIGNED: __________________________________ DATE: ____________________________

(Parent/guardian)

<table>
<thead>
<tr>
<th>Structured aquatic activities - advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The excursion will involve structured aquatic activities: Various swimming races</td>
</tr>
<tr>
<td>These activities will take place at: Wyong Olympic Pool</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structured aquatic activities - response</th>
</tr>
</thead>
<tbody>
<tr>
<td>In relation to the proposed structured aquatic activities (please circle and sign ONE response):</td>
</tr>
<tr>
<td>My child is permitted to go in the water</td>
</tr>
<tr>
<td>My child is not permitted to go in the water</td>
</tr>
<tr>
<td>.......................................................... Signed parent / care giver</td>
</tr>
</tbody>
</table>

My child is permitted to go in the water (please circle and sign ONE response):

- A non swimmer: My child is unable to swim .......................................................... Signed parent / care giver
- A weak swimmer: My child is comfortable and confident in shallow water but cannot swim very well .......................................................... Signed parent / care giver
- An average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep water .......................................................... Signed parent / care giver
- A strong swimmer: My child is a strong swimmer and is very confident in deep water .......................................................... Signed parent / care giver
Medical Information Form

- The information provided by the parents/caregiver of the child mentioned below is being obtained for the purpose of ascertaining the relevant information, requirements and other health care related needs about the child mentioned below, who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Blue Haven Public School.
- It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.
- Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.
- Provision of this information is not required by law, however, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.
- Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.
- You may correct any personal information provided at any time by contacting the school office.

Student Details

Student Name: ___________________________ Class: __________ Medicare No: ___________________________

Parent or Caregiver Contact Details

Name: ___________________________
Address: ___________________________
Home Phone: ___________________________ Work Phone: ___________________________ Mobile: ___________________________

Doctor Contact Details

Doctor’s Name: ___________________________ Doctor’s Phone: ___________________________

Emergency Contact(s) details (nominated by the parent or caregiver as an alternate contact)

Name: ___________________________ Phone: ___________________________

Name: ___________________________ Phone: ___________________________

List medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, etc.). Outline the treatment for each.

Outline special dietary needs including possible reaction to inappropriate diet.

Medication to be administered during the excursion. Include name of medication, instructions for administration, dosage, time of administration and any possible reactions.

Parent/Caregiver Signature: ___________________________ Date: ___________________________