



## Nar Nar Goon Primary School

### 3/4/5/6 House Swimming Sports 2018

30<sup>th</sup> January, 2018

Dear Parents,

Our House Swimming Sports Carnival will be held on Tuesday, 13<sup>th</sup> of February, 2018 at the Pakenham Outdoor Pool from 10am – 2.30pm. For the organisation of the program we need information about your child's swimming ability. I would like for the students to "give it a go" in the big pool but if they are unable to swim or not confident in any of the activities in the big pool there will be a series of events that will be monitored by swim lifesaving accredited staff members in the shallow end of the pool. These events include Freestyle Kickboard, Backstroke Kickboard races and the Super Cork Scramble. Students will also be allowed to play in the toddler splash park that will also be available on the day. Any queries in regard to the swimming program, please don't hesitate to contact me.

**In fairness to all students competing, it is an expectation that all students remain at this event to support other competitors and return back to school on the bus.**

Thanks for your time,

Sarah Deveny

#### Summary of Details

<b>Date:</b>	<b>Tuesday 13<sup>th</sup> of February, 2018</b>
<b>Time of departure from school:</b>	<b>10:00am</b>
<b>Arrival back at school:</b>	<b>3:00pm</b>
<b>Equipment Required:</b>	<b>Bathers, towel, sunscreen, hat, snacks, lunch &amp; drinks etc. (can wear house colours)</b>
<b>Cost:</b>	<b>\$10.00</b>
<b>Permission Form/Payment:</b>	<b>Friday 9<sup>th</sup> of February, 2018</b>
<b>Venue:</b>	<b>Pakenham Outdoor Pool</b>

Yes I am able to help at the swimming sports on Tuesday.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note: you must have a current WWC. WWC no: \_\_\_\_\_

**\*Please return this form by A.S.A.P so we can write the program for the day**

**Permission Form 3/4/5/6 House Swimming Sports**

I \_\_\_\_\_ give my permission for my child \_\_\_\_\_ to attend this year's Year 3/4/5/6 House Swimming Sports on Tuesday 13<sup>th</sup> of February, 2018. I give permission to the teacher in charge of the excursion to consent, where it is impossible to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Enclosed is:  \$10.00     Cash     Cheque     Eftpos     CSEF

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contacts: 1) \_\_\_\_\_ Ph: \_\_\_\_\_

2) \_\_\_\_\_ Ph: \_\_\_\_\_

Please indicate A, B or C in the following 3 areas.

Could you please circle below your child's preferred event/s?

1. A. Swim 50 metres freestyle (District eligible Race) Yes / No

Or

B. Freestyle 50m with a Kickboard Yes / No

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2. A. Swim 50 metres backstroke (District eligible Race) Yes / No

Or

B. Backstroke 50m with a Kickboard Yes / No

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3. A. Swim 50 metres breaststroke (District eligible Race) Yes / No

Or

B. Super Cork Scramble (Shallow end)

Child's name \_\_\_\_\_ Grade \_\_\_\_\_ House \_\_\_\_\_ Age turning this year \_\_\_\_\_

Parent / Guardian's signature \_\_\_\_\_