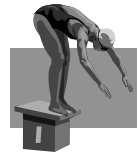




ST BENEDICT'S ANNUAL SWIMMING CARNIVAL 2017



Complete the attached form and return it to school **no later than Monday, 13th February, 2017**

Dear Parents and Carers,

The St Benedict's annual Swimming Carnival and fun day will be held on **Tuesday, 21st February, 2017** at the Queanbeyan Aquatic Centre. It is a whole school event. Every student in Years 2-6 is encouraged to participate in at least one event. Place ribbons for first, second and third will be awarded for the results of the 50m, 100m & 200m events and participation certificates are handed out at assembly for other events.

Novelty activities will be held for Kinder, Year 1 and novice swimmers. Novelty events will be held primarily in the wading pool.

Across the pool events (approx 20m) are for those in Years 2-6 with the basic skills but not yet the stamina for a longer distance and therefore happen at the shallow end of the pool. A teacher is present in the pool at all times. Capable swimmers are encouraged to swim the official distances for those events (i.e. 50m, 100m, etc).

50 m, 100 m and 200 m events are for capable (not just expert) swimmers. **Please be sure that your child has swum this distance before.** Please encourage your child to swim the distance that they are capable of.

Representation at South Weston Regionals: Students representing the school at the South Weston 12 and Under Swimming Carnival will be selected based on qualifying times provided by School Sport ACT and not on places. Students aged 8-12 can qualify for their respective 50m freestyle event as well as the other strokes.

Uniform: Students will take their school bag containing all they need. Use the following checklist:

- | | |
|------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> wear sports uniform (label) | <input type="checkbox"/> sunscreen |
| <input type="checkbox"/> swimmers underneath (label) | <input type="checkbox"/> swim cap – (a school one can be borrowed) |
| <input type="checkbox"/> towel (label) | <input type="checkbox"/> goggles – optional |
| <input type="checkbox"/> plastic bag for wet items | |
| <input type="checkbox"/> school hat | |

Food and drink: Children will need to bring their own lunch and recess, etc in their school bag. Please ensure the children have plenty to eat and drink. There will be no access to the pool kiosk.

Parent Assistance: To help the day run as smoothly as possible, we will need many parents to act as officials on the day. If you know that you will be free and are able to assist could you please indicate this on the accompanying form.

Cost: The cost of the carnival will be covered by the Excursion Levy as a part of the Term 1 Fees. No money is required with the permission slip.

Attached is a nomination form and a permission form for the event. Please return by **Monday 13th February** to ensure that the heats can be finalised.

Thank you for your support. We look forward to a fun day!

Regards

John Siljeg, Camille Ellison & Amanda Basedow
Swimming Carnival Coordinators

SWIMMING CARNIVAL 2017 PERMISSION SLIP

Due to school by Monday 13th February

Child's Name: _____ Date of Birth: _____

School Statement:

This excursion has been carefully planned. Supervision of pupils will be conscientiously carried out. Students are expected to follow all rules and procedures in place. Parents may be contacted if their child places themselves or others at risk due to non-compliance.

Parent Consent:

As Parent/Guardian of the above named student, I give my consent for him/her to participate in the **Swimming Carnival** at the **Queanbeyan Aquatic Centre** on **Tuesday, 21st February, 2017** travelling by **hire bus**.

I authorise the teachers and centre staff to obtain medical assistance which they deem necessary should an accident occur. Listed below are specific medical requirements or other needs relevant to my child participating for this excursion.

Medical Condition (e.g. allergies, asthma)	Treatment Plan

Emergency Contact (for 21st February):

Name: _____ Phone: _____

Parent/Guardian Signature _____ Date _____

SWIMMING CARNIVAL 2017 NOMINATION FORM

STUDENTS IN YEARS 2-6 ONLY

Due to school by Monday 13th February

Child's Name: _____ Date of Birth: _____

Age turning in 2017: _____ Year level: _____ House: Red/White/Green/Unknown

Please tick the events your child would like to participate in:

Freestyle	Across the Pool	<input type="checkbox"/>	OR 50m	<input type="checkbox"/>
Backstroke	Across the Pool	<input type="checkbox"/>	OR 50m	<input type="checkbox"/>
Breaststroke	Across the Pool	<input type="checkbox"/>	OR 50m	<input type="checkbox"/>
Butterfly	Across the Pool	<input type="checkbox"/>	OR 50m	<input type="checkbox"/>

Freestyle 100m	
Backstroke 100m	
Breaststroke 100m	
Butterfly 100m	
Novelty Events	

Note: Novelty events are for students who have NOT nominated for any other event. This includes Kinder and Year One.

My child would like to participate in 200m for the stroke(s): _____

I have discussed these selections with my child and agree with them.

Parent _____ Name: _____

Signature _____ Date _____

I will be available to assist on the 21st February 2017 at the swimming carnival.

Child's name: _____ Year Level: _____

Parent's name: _____

I do/do not have a *Working With Vulnerable People* card.

Phone: _____ (H) _____ (W) _____ (mob)