2014 SWIMMING CARNIVAL

Dear Parents and Guardians,

The Annual Swimming Carnival will be held on **Monday 24th February 2014** at Camden Pool. All children in years 3-6 are invited to participate if they successfully completed the Water Safety Testing conducted last year. Those students in Year 2, who are turning 8 in 2014 and are competent 50m swimmers are also eligible to attend if they participated and were successful at the Water Safety Day.

The day will offer children a variety of swimming events for both their House competition and to select the children who will represent the school at the Annual District Swimming Carnival in all of the stroke events. If time permits, the possibility of free swimming time will be considered.

*Due to strict DET regulations regarding water based activities, individual tests need to be held to ascertain children’s safety around water BEFORE an activity such as the swimming carnival can be held.*

The 2013 Water Safety Day was **compulsory** for all children wishing to attend the swimming carnival. Any child who was deemed to be unsafe in the water will be unable to attend the swimming carnival. These rules were put in place by the NSW Department of Education & training in conjunction with Royal Life Saving Society of NSW, NSW Sport and Recreation, Association of Independent Schools and The Catholic Education Commission in response to the NSW deputy State Coroner’s Inquest to ensure the safety of all children in NSW schools.

Students who are new to the school, require a retest or for previously arranged reasons, have not completed the Water Safety test, will be tested prior to any events on the day. Please see Ms Watling if you require information regarding testing.

**WHEN:**
Carnival will commence at 10.00am and finish at 2.30pm
Students need to be at school **by 9.30am** as buses will **leave** school at 9.40am

**TRAVEL:**
All children are required to travel to the pools by bus, although parents attending the carnival may drive their children home. A signed permission note is required if you wish your child to travel home with another parent.

**WHAT TO WEAR:**
Swimmers, towel, hat, sun cream and a t-shirt to wear throughout the day.
Rash vests/shorts are recommended.
Hats must be bucket style, broad brimmed or wide brimmed.
Children may wear clothes representative of their house colours.
Children are to wear their swimmers to the pool underneath their house coloured clothing and bring a change of dry clothes to wear back from the pool.
All children MUST wear appropriate enclosed shoes – thongs are not permitted.

**WHAT TO BRING:**
Lunch and afternoon tea should be packed, no canteen will be available.
Please ensure children have enough water to drink throughout the day.
No crepe paper or wooden signs are permitted into the Pool area.

**WRISTBANDS:**
All children will be required to wear a wristband for the whole day.
Blue = competent swimmers to 50m
Yellow= waist deep water only, able to participate in 25m races and free swim only
No band = non-swimmer. Not allowed in the pool at all. If a child loses their band throughout the day they must see a teacher immediately as no band will indicate to pool lifeguards that the child is not safe in the water.

**SPECTATORS:**
Parents and friends are welcome and encouraged to come and support. Adult spectators not swimming will be charged an entrance fee at the door by Camden Pool. Adults are not permitted to swim in the outdoor pool while the carnival is on due to Child Protection laws but are welcome to use pool once the carnival is completed.
The carnival is successful only with the assistance of parents, who are needed to act as judges and timekeepers. Again, we need helpers; so don’t be shy in volunteering. Return the form to Ms Watling or see her on the day.

**COST:**
$10.00 per child for bus fare, pool entry and wristband. Assistance is available for this school activity. Please see Ms Crouch for information.

Please complete the permission note and medical forms attached and return it to the school office along with the fee **by 10am Wednesday 19th February 2014.** It is most important for water activities that we have the permission note returned otherwise the child will not be permitted to go to the pool.

NO LATE MONIES WILL BE ACCEPTED.

Race nominations:
Thankyou to those who have already nominated for their events for the carnival. A list of competitors is available in the front office where children can check if they have been entered into the correct events. If you have not yet made any preferences, please complete a nomination form asap to assist in planning and return to the box located in the front office. If a child wishes to withdraw from a race on the day, they must see the Marshall **before** the race. Children can not join a race on the day, this avoids complications and delays.

Ms M Watling
Assistant Principal/ Carnival Co-ordinator

Mrs S Crouch
Principal
2014 SWIMMING CARNIVAL PERMISSION NOTE

I give permission for my child ____________________________ of year 2/3/4/5/6 to attend The Oaks PS Annual Swimming Carnival to be held on Monday 24th February, 2014 at Camden Pool.

Cost is $10
I understand travel will be by bus to and from the pool, leaving The Oaks PS at 9.40am and returning at approx. 3.00pm.

I certify that my child ____________________________ is competent at swimming the distance and stroke of the events they have nominated in.

Signed: ___________________________________ Print Name: ___________________________________

Relationship to child: ______________________ Date: __________________

----------------------------- x ---------------------------------- x ---------------------------------

FREE SWIM PERMISSION

☐ Yes, my child is competent at swimming 25m and has my permission to participate in the free swim.

Signed: ___________________________________ Print Name: ___________________________________

Relationship to child: ______________________ Date: __________________

----------------------------- x ---------------------------------- x ---------------------------------

SWIMMING CARNIVAL HELPER
Return to Ms Watling via the school Office

I am able to help as an official at the Swimming Carnival.

Volunteer’s Name: __________________________

Child’s Name: ____________________________ Relationship to child: __________________________

----------------------------- x ---------------------------------- x ---------------------------------

RACE NOMINATIONS please check list outside office before filling in

☐ 100M FREESTYLE (will be held at the Pool at 9.30am)

☐ 50 M FREESTYLE Date of Birth: _________________

☐ 50M BACKSTROKE Age of child THIS YEAR________

☐ 50M BUTTERFLY (will be held at the Pool at 9.30am)

☐ 50M BREASTSTROKE Child’s Name: _________________

☐ Medley (will be held at the Pool at 9.30am)
# MEDICAL INFORMATION FORM

The information requested below will help to provide the best possible care of your child.

- Providing this information is not obligatory, but its absence may prevent your child from participation;
- It will be used to minimise risks associated with this excursion;
- It will be seen only by those persons providing health care treatment;
- It will be stored securely and destroyed after the legal time limit has expired

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Class:</th>
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## Parent or Caregiver Contact Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
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<tr>
<th>Home Phone:</th>
<th>Work:</th>
<th>Mobile:</th>
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<th>Medicare Number:</th>
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## Doctor Contact Details

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<tr>
<th>Name:</th>
<th>Address:</th>
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<tr>
<th>Doctor's Telephone:</th>
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<th>2.</th>
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## Emergency Contact/s Details (nominated by the parent/caregiver as alternate contact)

<table>
<thead>
<tr>
<th>1. Name:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td>2. Name:</td>
<td>Phone:</td>
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List existing **medical conditions or illnesses** (including asthma, diabetes, epilepsy, allergies, etc). Outline the treatment for each.

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Outline special dietary needs including possible reaction to inappropriate diet

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

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Signature: ___________________________ Date: ___________________________