

Swimming Carnival Nomination Form

To be completed and returned to your class teacher **by Friday 3rd February 2017.**

Child's name: _____

Class: _____

Events

Please tick the events that you wish to enter for your age or division (as listed below):

25m Freestyle (If nominated for this event you can not compete in 50m Freestyle events)

Non Swimmer - novelty events

100m Open Freestyle

50m Freestyle

50m Breaststroke

50m Backstroke

50m Butterfly

4 x 50m Individual Medley

The age divisions are as follows:

For Freestyle: The age that your child is turning this year.

For Breaststroke, Backstroke, and Butterfly: 8-10 years (junior), 11 years & 12- 13 years (senior)

For Individual Medley : 8-10 years (junior) & 11-13 years (senior)

For Open Freestyle: 13 years and under

Parent's name: _____

Parent's signature: _____

Date: _____

VOLUNTEERS HELP

Yes I am able to assist at the Swimming Carnival.

My Preference is (please circle)

Carnival Official (e.g. time keeping, judge etc.) or catering

Name: (Please Print) Signature:

PLEASE RETURN THIS TO SCHOOL BY Friday 3rd FEBRUARY. THANK YOU!



St. Mary's Primary School
 Wheelers Lane, PO Box 4141,
 Dubbo NSW 2830
 Tel: 02 6882 4790 Fax: 02 6884 4525
EXCURSION CONSENT FORM

Dear Parent/Guardian

Please note the following information regarding a school excursion:

SCHOOL SWIMMING CARNIVAL		Relevant KLA: PDHPE
Organiser: Mr John Nugent	Staff accompanying students: Primary staff	
Venue: Dubbo Aquatic and Leisure Centre	Transport: NA	Cost: NA
Excursion Details: Years 3 to 6 and eligible Year 2 students will compete at our school swimming carnival.		
Date: Thursday, February 9	Parents are asked to deliver their children to the pool by 8:45am and collect them in the afternoon from 2:30 – 3:00pm.	
Consent form due: Friday, February 3	Dress Required: Sports uniform (students may wear shirt in house colours)	

Note: It is school policy that individual students must be cooperative and follow school rules in the lead up time to excursions and sports fixtures. Failure to do so will lead to a student being excluded from the privilege of an excursion.

In case of an **emergency only** contact the school on Ph 68824790 or Mobile

Please contact the school if you require further information regarding this excursion.

Yours in Christ,


 Luke Wilson
 Principal

#-----#-----#

STUDENT INFORMATION

I give consent for..... from class
 to participate in the School Swimming Carnival on Thursday, February 9, 2017.

Parent/Guardian name:.....Relationship.....

Address:.....

Phone: Home Work

.....Mobile.....

Child's date of birth:.....My child is allergic to:.....

My child suffers from a medical condition / allergy that requires the following medication:.....

I authorise staff to obtain medical, ambulance or anaesthetic attention if it is deemed necessary.

I understand that uncooperative behaviour may lead to my child's exclusion from the excursion.

I acknowledge that, for any excursion offered by the school, my child attends at his/her own risk.

Medicare Number:

On File

Private Membership

Fund.....Number:.....

On File

Signed.....

Date.....

Office use only: Date excursion note/ money received / / Amount Paid \$