Dear Parents,

On Tuesday 20 November, children in grades 3, 4, 5 and 6 will take part in the House Swimming Carnival at the Bialik pool (401 Tooronga Road, East Hawthorn). This is an excellent facility with a 25m pool and modified access for less skilled swimmers. The children will travel by bus (with seatbelts). Parents wishing to attend may park on Tooronga Road and enter by the pedestrian gate. There is free entry for all spectators. The Bialik pool is an indoor aquatic centre and it caters for all weather conditions and all levels of skill.

The House Swimming Carnival provides an enjoyable school based event and facilitates the selection of a school swimming team for 2013. All children, regardless of their ability, will compete in three events. Children who are concerned about the water will have people in the water to help them if they wish and can participate in some modified races. The aim is enjoyment and participation.

The children will be leaving school at 9.00am and returning by approx. 3.00pm. Children must have a packed lunch, as NO food is available at the pool. A drink bottle with water is also necessary. They will need to wear bathers, bring 2 towels, goggles, a bathing cap (essential), underwear and windcheaters or T-shirts in house colours. The competition will begin at 9.30am.

No streamers/ hair dye/ face paint are permitted in the pool area.

The cost of the excursion is $11.00 unless you have paid the excursion levy. This is for the lifeguards, pool hire and bus hire. Payment and the permission form should be returned by Friday 16 November 2012.

If you are able to help in any way on the day please fill in the bottom section on the permissions slip. We need a starter, time keepers, marshals, scorers and ribbon presenters. Your assistance is vital in the running of this Carnival.

Regards,
Jamie Davis

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2012 HOUSE SWIMMING CARNIVAL

I consent to my child ______________________ from grade __________ attending the 2012 House Swimming Carnival at Bialik Aquatic Centre on Tuesday 20 November 2012.

I hereby authorise the person in charge to contact the nearest doctor available and arrange any necessary hospital treatment or ambulance transport in the case of emergency.

Payment for the excursion will be made as indicated below:
I have paid the excursion levy ☐ OR Please find enclosed $11.00 to cover excursion ☐

Emergency contact numbers on the day of excursion ______________________, ______________________

Does your child have any allergies or take any medication? If so, then please state:

Signed _______________________ (Parent/Guardian) Date __________

I CAN HELP OUT ON THE DAY ☐ NAME: ___________________________________________

IF POSSIBLE, I WOULD LIKE TO BE ON AN EVENT WITH: ________________________________