



Excursion Name: Wyrallah Road Swimming Carnival	
Venue: Lismore Memorial Pool	Cost: \$6.50 or \$3 (Fitness Passport/ Pool pass) Member No. _____ If Fitness Passport please attach photocopy of card
Date: Thursday February 13 th	Transport: Bus
Departure Time: 9:30am	Return Time: 2:45 pm
Teacher in charge: Virginia McKenna	Return permission note by: Friday 7 th February

Excursion Information
 The Swimming Carnival is for all students in Years 3 to 6 plus all students in Year 2 who turn 8 years old this year and **can confidently swim 50m.**
 Parents are invited to attend the Carnival, but please be aware your child is required to be in their allocated house area during the day.

Event Pre Registration
 Students need to choose the events that they wish to participate in before the day. Please help your child to carefully choose the events that they are capable of competing in. Please remember that the 100m Freestyle, 50m Butterfly and Medley events are generally for those children who attend out of school training. Children who cannot swim 50m (Years 3-6) will be able to participate in a mini carnival to be held in the smaller pool.

Canteen: The canteen at the pool will be available to students on the day.

Equipment List: Casual wear (house colours), swimming costumes, towel, sunscreen, hat and T-shirt (to be worn when not in pool)

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I hereby give consent to my son/daughter/ward _____ of _____
 (Full Name) (Class)

to participate in the Swimming Carnival excursion.
 My child is a COMPETENT Swimmer (able to swim 50m plus) YES / NO.

I accept that my child is expected to behave in an appropriate manner and I have explained this to him/her. I understand that any specific medical information held by Wyrallah Road Public School will be provided to the organising teacher. In the event of any accident or illness I authorise the teacher to obtain any medical assistance and/or ambulance that my child may require, including the administration of an anaesthetic if deemed necessary by the medical officer in charge. I understand that transport for this excursion is by bus.

Signature of Parent/Caregiver: Date: / /

Pre-Race Registration

- | | | |
|---|---|--|
| <input type="checkbox"/> 50m Freestyle | <input type="checkbox"/> 50m Backstroke | <input type="checkbox"/> 50m Butterfly |
| <input type="checkbox"/> 50m Breaststroke | <input type="checkbox"/> 100m Freestyle | <input type="checkbox"/> Medley (200m) |

Student name: _____ Date of Birth: ____/____/____

PAYMENT (Cash only)

CASH: \$..... enclosed