Dear Parents,

The Wantirna District Swimming Carnival is on Thursday 16th February. All children who have elected to be part of the team will receive at least one swim on the day. The children will be notified of their event/s Tuesday morning.

The events on the day:

<table>
<thead>
<tr>
<th>STROKE</th>
<th>9/10 Years</th>
<th>11 Years</th>
<th>12/13 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freestyle</td>
<td>50m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Backstroke</td>
<td>50m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breaststroke</td>
<td>50m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Butterfly</td>
<td>50m</td>
<td>Optional Event (Time Trial)</td>
<td></td>
</tr>
<tr>
<td>Freestyle relay</td>
<td>4 x 50m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Medley relay</td>
<td>4 x 50m</td>
<td>Boys BK, BR, FLY, FS</td>
<td>Girls BK, BR, FLY, FS</td>
</tr>
</tbody>
</table>

**EVENT DETAILS**

**WHERE** – Kilsyth Centenary Pool, 75 Hawthory Road, Kilsyth.

**WHEN** – Thursday 16th February from 9.45am – 12 noon. Please be at the pool 15 mins before the start of the program.

**TRANSPORT** - You will need to arrange transport for your child, to the venue and then back to school/home. If you cannot arrange transport please indicate on the form below.

**SUPERVISION** – The Phys. Ed. teachers from each participating school will be involved in the running of the event. A parent will be at the venue to marshal, supervise and direct students to their event. **Parents will need to supervise their children at the event.** All students are expected to stay for the whole event and support their fellow team members.

Please complete the form attached and return this to school by Monday 13th February, 2017.

If you have any further questions please do not hesitate to contact me at school.

Thank you,
Kym Ryan and Prue Cunningham
Physical Education and Sport Coordinators.
ROWVILLE DISTRICT SWIMMING CARNIVAL 2017
Thursday 16th February

I give permission for my child ................................................ of grade ........ to participate in the District Swimming Carnival at Kilsyth Centenary Pool on Thursday 16th February, 2017.

I authorise the teacher-in-charge of the event to consent where it is impracticable to communicate with me, to my child receiving any such medical or surgical treatment that may be deemed necessary.

Please Note: 'Students who do not return their excursion permission note by the due date will not be able to attend the excursion: No further phone calls will be made to obtain permission.'

☐ I .................................................. will be transporting and then supervising my child at Kilsyth Centenary Pool

☐ I have qualified for CSEF. Please utilize this fund

☐ I ................................................. am able to transport .............. other children in my car on the day.

☐ I have supplied the office with a current copy of my comprehensive car insurance, car registration and license, so I can legally transport other children in my vehicle.

☐ My child ........................................ will require transport to Kilsyth Centenary Pool on the day.

My emergency phone number on this day will be: ........................................

Mobile: ........................................................ Other: ........................................

Parents Name: ................................................... Signature: ........................................

Teacher copy

Please return permission form to the office by Monday 13th February, 2017

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Parents Name: ................................................... Signature: ........................................