



Nords Wharf Public School Swimming Carnival 2020

Dear Parents/Caregivers,

Nords Wharf Public School's annual Swimming Carnival will be held in Week 3 of this term. This carnival is a school event at which students are expected to attend and show support. This note holds all information regarding the carnival. If you still have questions please contact the school.

- When:** Wednesday, 12th February 2020.
- Where:** Swansea Swim Centre (Cnr Belmont St and Channel St, Swansea).
- Participants:** Any student turning 8 years old in 2020 or older.
Any student wishing to swim in the 50m pool will first complete a swim test at 9:15am prior to the start of the carnival. Students will demonstrate safe entry into the pool and swim a lap of any stroke to display their ability.
- Time:** Students to be at the pool by 9:00am for Roll Call. There will be no active supervision of students until 8:45am.
Students to be collected from the pool by 2:30pm at the conclusion of the carnival.
- Transport:** Is by private vehicle. Please make individual arrangements. If your child is being collected by someone other than their legal guardian please inform your child's teacher.
- Cost:** \$4.00 per student payable to NWPS office. Students may use pool pass and if doing so need to indicate details on the returned permission note. Swim Passes must also be presented to pool staff on the day. *Money and permission note are due to NWPS office no later than Wednesday 5th February 2020.*
Spectators have an entry fee of \$3.00 payable to Swansea Swim Centre upon entry, alternatively entry can be gained using your Caretrack or Fitness Passport cards.
- Wear:** Students are permitted to wear suitable sun safe clothing in their sport house colour.
Kingfisher: Red Pelicans: Green Sea Eagles: Yellow
Students are encouraged to wear enclosed shoes to the pool and are permitted to wear other appropriate footwear when participating in events.
- Food:** The pool canteen will be open for some purchases. The staff at the pool would like you to please indicate if you would be considering buying lunch from the canteen on the day of the carnival. Please do this on the permission note. Please feel free to bring your own lunch and snacks. Remember to bring plenty of water.
- Additional Items:** Please bring your own towel, swimmers, hat, sunscreen and sunglasses.
- Valuables/Money** Please leave all unnecessary money and valuables at home. Anything you choose to bring you do so at your own risk. NWPS will not take responsibility for any valuables that are lost, broken or stolen.

Supervision on the day will be provided by NWPS staff. The carnival will go ahead regardless of wet weather. Changes will only be considered in the event of an extreme weather event.

Miss Emily Crook
Carnival Coordinator

Ms Jodie Corrigan
Principal



(Return this form and payment to the office by Wednesday 5th February 2020)

Nords Wharf Public School Swimming Carnival – Permission Note

I give permission for my child _____ of class _____ to attend the annual Swimming Carnival on Wednesday 12th February 2020.

Please tick the following:

PAYMENT (one only)	
<input type="checkbox"/>	I have included the \$4.00 payable to the school / POP receipt number if paying online:
<input type="checkbox"/>	My child will use their Pool Pass. Card Number: _____ Expiry: _____
PARTICIPATION (one only)	
<input type="checkbox"/>	I allow my child to participate in all water and swimming activities
<input type="checkbox"/>	I DO NOT allow my child to participate in any water and swimming activities
SWIMMING ABILITY (one only)	
<input type="checkbox"/>	My child cannot swim
<input type="checkbox"/>	My child can swim but requires a floatation device which I will provide, please list: _____
<input type="checkbox"/>	My child can swim 50m with some difficulty
<input type="checkbox"/>	My child can swim 50 m easily
<input type="checkbox"/>	My child can swim 100m easily
CANTEEN	
<input type="checkbox"/>	My child will be utilising the canteen for lunch on carnival day

MEDICAL CONDITIONS / MEDICATION

My child _____ of class _____ has the following serious medical conditions:

MEDICAL CONDITION	SIGNS / SYMPTOMS	TREATMENT / MEDICATION

EMERGENCY CONTACT DETAILS

Contact: _____ Relationship to Student: _____
 Mobile Number: _____ Other Phone: _____

_____/_____/2020
 Parent/Carer Name Signature Date