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### **2017 Swimming Sports Trials**

Dear Parents/Guardians,

In preparation for the District Swimming Carnival (to be held on Thursday February 16th), we are inviting all children in Grades 4-6 to participate in swim trials to finalise team selections for the District Swimming Carnival. It should be noted that any child wishing to attend the swim trials needs to be able to swim 50 metres continuously and unaided in their chosen strokes. Details are as follows:

**Venue** – P.L.C Aquatic Centre (we will be walking to and from the pool, leaving school at 11:30am and returning by 2:30pm)

**Year levels** – Years 4-6 on a volunteer basis      **Cost** - \$5 (to cover pool hire and life guards)

**Date** – Thursday 9<sup>th</sup> February 2017

**Time** – 11:30 – 2:30pm

**What to bring** – Bathers, towel, swimming cap (must be worn in pool), water bottle, healthy lunch/snacks and any personal medication (such as Ventolin or Epi pens).

In order for your child to attend please complete the permission form below together with payment and return to school no later than **Tuesday 7<sup>th</sup> February 2016**.

Kind Regards,

**Mr Ashley Walshe**

**P.E. Co-ordinator**

**Ms Gayle Cope**

**Principal**

**Swimming Trials – P.L.C. Aquatic Centre**

**Permission Form A to be taken on excursion**

I give permission for my child \_\_\_\_\_ Year \_\_\_\_\_ to attend the Swimming trials at P.L.C. Aquatic Centre On Thursday the 9<sup>th</sup> of February 2017. I understand that he/she will be walking to and from the venue.

I authorise the teachers in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

**CONTACT TELEPHONE NUMBER ON DAY OF EXCURSION** \_\_\_\_\_

Signed Parent/Guardian \_\_\_\_\_

My child will be turning \_\_\_\_\_ years old in 2017 and is interested in trying out for the following strokes (please tick).

Freestyle  Backstroke  Breaststroke  Butterfly  My child can confidently swim 50m in these strokes  
\_\_\_\_\_ (parent initial)

**Swimming Trials – P.L.C. Aquatic Centre**

**Permission Form B to be retained at school**

I give permission for my child \_\_\_\_\_ Year \_\_\_\_\_ to attend the Swimming trials at P.L.C. Aquatic Centre On Thursday the 9<sup>th</sup> of February 2017. I understand that he/she will be walking to and from the venue.

I authorise the teachers in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

**CONTACT TELEPHONE NUMBER ON DAY OF EXCURSION** \_\_\_\_\_

Signed Parent/Guardian \_\_\_\_\_

My child will be turning \_\_\_\_\_ years old in 2017 and is interested in trying out for the following strokes (please tick).

Freestyle  Backstroke  Breaststroke  Butterfly  My child can confidently swim 50m in these strokes  
\_\_\_\_\_ (parent initial)