2014 Swimming Sports Trials

Dear Parents/Guardians

In preparation for the District Swimming Carnival (to be held on Wednesday February 19th), we are inviting children in grades 4-6 to participate in a swim trials session to finalise team selection. It should be noted that any child wishing to attend the trials needs to be able swim 50 metres continuously 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 at 10:30am and returning by about 1:30)

**Grade levels** – Grades 4-6 on a volunteer basis

**Cost** – $5 (to cover pool hire and life guards)

**Date** – Friday 7th February 2014

**Time** – 11:00 – 1:00 (approximate finish time)

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

In order for your child to attend please complete the permission form below together with payment and return to school no later than Tuesday 4th February 2014.

Melinda Downes                          Gayle Cope
P.E. Co-ordinator                      Principal

Future dates for your diary:

Wednesday February 19th – District Swim Carnival at Aquaarena, Doncaster.

Thursday February 27th – Division swim finals – for those children who qualify from District Carnival.

March 7th – Regional swim finals – for those children who qualify from Division Carnival.

Tuesday 29th April – State swim finals
Swimming Trials – P.L.C. Aquatic Centre

Permission Form A to be taken on excursion

I give permission for my child ................................................... Grade ........to attend the Swimming trials at P.L.C. Aquatic Centre on Friday 7th February 2014. I understand that s/he 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 2014 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 ................................................... Grade ........to attend the Swimming trials at P.L.C. Aquatic Centre on Friday 7th February 2014. I understand that s/he 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 2014 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)