Dear Parents

Our Swimming Carnival will be held at Macquarie University Sport and Aquatic Centre on Monday 2nd February 2015 (Week 2), commencing at 10.00am. All children who will be in Years 3-6 in 2015 are expected to attend and encouraged to participate. Children who will be in Year 2 in 2015 and who will be 8 years old or turn 8 during 2015 and can confidently swim 50 metres in deep water may also participate in the carnival. Year 2 children who attend the carnival will be expected to swim in the 50 metre freestyle heats.

The program will include 50 metre heats of all strokes, 25 metre races, finals and novelties if time permits. Children will swim in their age races (the age they turn in 2015) and in age groups. Children are not able to swim in the 50 metre heats and 25 metre age races of the same event.

Parents are most welcome to join us for the day. Children must remain in House areas during the carnival. All children will be travelling by bus both to and from the venue and are not permitted to go home with parents.

Children should wear their swimming costume under their sports uniform and bring a towel, school hat, sunscreen, dry underwear, recess, lunch and drinks for the day. School backpacks or a lighter swimming bag may be used. All items should be clearly labelled with the owner’s name. Children will not be able to purchase food or drinks at the centre. No hair colour, face paint or crepe paper streamers, please. Children should be at school by 8.45am on the day of the carnival, buses will depart at 9.00am sharp. The carnival will conclude at 2.00pm and we expect children will return to school by 3.15pm.

Please discuss with your child/ren the races they would like to enter and then fill in the attached nomination form. To avoid your child missing out, all event nomination forms must be returned to class teachers by Wednesday 17th December, 2014.

The permission note below the nomination form should be signed and returned to your child’s CLASS TEACHER by Wednesday, 17th December (Last day of school). The cost of the carnival will be added to your child/ren’s Term 1 2015 invoice. If you have more than one child attending the school, please complete a nomination form for each of your children and return each form to their respective class teachers.

To ensure the carnival runs smoothly we require parent volunteers to help with marshalling, timekeeping and other jobs on the day. If you are able to assist please indicate on the permission slip or contact the office before Wednesday 17th December.

Luke Thompson
Sports Coordinator

Unity Taylor-Hill
Principal
K.P.S. Swimming Carnival – Event Nomination Form
Monday 2nd February 2015

Name __________________ Class _____ Age Group ________ House __________
(Please note: the age they turn in 2015 determines their age group)

Could you please circle the event/s your child would like to enter:

- No events (Non-swimmer)

<table>
<thead>
<tr>
<th>100m Freestyle</th>
<th>50m Freestyle</th>
<th>50m Backstroke</th>
<th>50m Breaststroke</th>
<th>50m Butterfly</th>
<th>200m Individual Medley</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25m Freestyle</td>
<td>25 Backstroke</td>
<td>25m Breaststroke</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please remember children are not able to swim in the 50 metre heats and 25 metre age races of the same event.

Please return to Class Teacher by Wednesday 17th December, 2014

Swimming Carnival – Monday 2nd February, 2015

1. I give permission for my child _______________________________ of class ___________ to attend the KPS Swimming Carnival at Macquarie University Sport and Aquatic Centre on Monday 2nd February, 2015. I understand that transport will be by bus and that the costs for the Carnival will be added to my Term 1 2015 invoice.

2. In relation to the proposed swimming activities, I advise that my child is a: (please tick one)
   - strong swimmer
   - average swimmer
   - poor swimmer
   - non-swimmer

3. I give / do not give permission for my child to participate in the water or swimming activities.

4. I am willing to offer my assistance at the carnival: Yes □ Name: __________________________

5. My contact phone number on the 2nd February will be: __________________________

6. Any current medical conditions or medications: ________________________________

7. I give / do not give permission for my child to receive medical treatment in case of emergency.

Signed ___________________________________________ Date _________________

Parent/Guardian