



Sporting Event Information StJPII Swimming Carnival 2017 Monday, 20 February 2017

25 January 2017

Dear Parents/Caregivers,

Following are the details of an event that has been approved by the College Leadership Team.

Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission Slip/Medical Information Form and return it to the College Office no later than Thursday, 16 February 2017.

Name of Organising Teacher: Mr C Chapman
Carnival Date: Monday, 20 February 2017
Venue Name: Nirimba Swimming Pool
Address/Location: Nirimba Education Precinct, Quakers Hill
Why students should attend: Attendance at this carnival is compulsory for all students in Years 7 and 8 and it is a competitor's only carnival for Years 9-12. All students that attend the carnival (except Year 7 and 8) are required to compete in at least two events on the day.
Selected PASS students will also be assisting at the carnival and will be notified by their class teacher.

The cost of the event is: No Cost

Start/Finish Times and Transport Details:

Years 7-10:

- Normal Period 1 & 2 classes will be held prior to departure time.
- All Year 7 & 8 students plus the Year 9 & 10 competitors will be transported by bus from Schofields Campus to Nirimba Pool by 10.10am.
- All 7-10 students will be transported back to Schofields Campus at 2.00pm in time for normal afternoon buses or transport arrangements.

Years 11 & 12:

- Year 11 & 12 competitors will make their own way to Nirimba Pool by 10.10am.
- All Year 11 & 12 students will be dismissed at 2.15pm in time for normal afternoon buses or transport arrangements.

Students are to wear: Full College Sport Uniform

Other requirements: Sunscreen, a hat, a towel, swimwear and wet weather gear. It is suggested that students bring their own lunch and drinks as time and canteen facilities may be limited.

Additional Parent Details:

- If your child has extenuating reasons why they may not be able to attend, you need to contact the College prior to Thursday, 16 February 2017 to discuss this matter.
- Parents/Caregivers are invited to attend the carnival and support the efforts of the students as they swim. Due to Child Protection requirements, any adults attending the carnival will be required to sign in on entry to the pool. Thank you for your support and we look forward to another successful swimming carnival.
- Please note: Students who are absent on the day will be followed up if prior discussion with the College has not occurred.

Emergency contact details: If Parents/Caregivers need to contact their child urgently or should your child not be home when expected please contact the organising teacher on 0447 277 254 (Sport Coord) or the College on 9208 7200.

Sport Information Line Details: In the case of wet weather please contact the Sports Information Line (9208 7265) for further details

PERMISSION / MEDICAL INFORMATION FORM

StJPII Swimming Carnival 2017

Monday, 20 February 2017

(To be completed by Parent/Caregiver and returned to Mr C Chapman via the College Office no later than Thursday, 16 February 2017)

I give permission for my son/daughter _____ of Homeroom _____ to attend the above event at Nirimba Swimming Pool, Nirimba Education Precinct, Quakers Hill.

Please tick necessary boxes

- ☐ I have completed the Medical Information Form below and I have read and understand the information regarding this carnival.
- ☐ I understand that students must wear full College Sport Uniform.

Parent/Caregiver Signature

Date

MEDICAL INFORMATION

Student full name: _____ Date of birth: __/__/__,

- ☐ In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary.

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| Teachers Name: Mr C Chapman | |
| Student Name: | Homeroom: |
| Address: | |
| Date of Birth: | Age at 2017 Birthday: |
| Home Telephone Number: | |
| Parents/Caregivers Work Telephone Number: | Parents/Caregivers Mobile Number: |
| Emergency Contact Phone Number: | |
| Family Doctor Name: | |
| Family Doctor Phone Number: | |
| List of any medications your child will be taking on the day: | |
| Medicare Number: | Private Health Fund: |
| Pre-existing illness/medical condition/injury/allergies: | |
| Please place an X in the <input type="checkbox"/> | |
| My son/daughter: <input type="checkbox"/> Can Swim 25 metres <input type="checkbox"/> Cannot Swim 25 metres <input type="checkbox"/> Cannot Swim at all | |