

St Francis of Assisi Primary School

120 Casey Crescent Calwell ACT 2905
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SWIMMING CARNIVAL 2020

Dear Parents and Carers,

This year's Swimming Carnival is fast approaching. **Kinder** and **Year 1** will be attending the Swimming Carnival at the Queanbeyan Pool (Crawford St, Queanbeyan) and participating in the Wet Play Area in the small pool.

Date: Monday 24th February 2020
Time: 9:15 am – 12:30 pm (Approximately)
Transport: Bus

Children are to arrive at school at the normal time. The buses will leave shortly after 9:00am. Children may wear their house colours with their swimmers underneath (Sports uniform is not required). Below is a list of houses and the colours they represent.

Red	~	Morrison
Blue	~	Polding
Green	~	McCormack
Gold	~	Cunningham

Although the children can come in their house colours, they will be seated together as a class group rather than in their houses.

Children **MUST** be sun-smart throughout the morning and remember to bring:

- **a wide brim hat or school hat**
- **sunscreen**
- **water bottle**
- **a towel**

The children will also need to bring their fruit break and morning tea with them.

In order to make this event a safe, happy and successful experience for the children in Kinder and Year One, the teachers will require a number of parent helpers. This assistance will mean, helping to supervise the Wet Play Area and maintaining a safe ratio. Therefore, if other children will be accompanying you on the day, you will not be able to be a parent helper. If you are able to assist on the day, please complete the attached form and return to school by Friday 14th February.

Many Thanks

Kinder and Year One Teachers

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SWIMMING CARNIVAL Monday 24th February 2020 PERMISSION NOTE

Consent Form

As a Parent/Guardian of _____ Roll Class _____ I give my consent for him/her to travel by bus to **Q-One Aquatics Centre Queanbeyan** and participate in the **School Swimming Carnival on Monday 24th February 2020** and agree to delegate my authority to the Staff and Instructors involved. Such Teachers and Instructors may take appropriate disciplinary action in accordance with school policy to ensure the safety, well-being and successful conduct of the students as a group, or individually in the abovementioned activities. I also authorise the Teachers and Instructors to obtain necessary medical assistance should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I submit the medical information below about the above student and include details of limitations, which he/she has for the activities concerned. I will ensure to send to school any puffers or medication needed. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises. I understand that all children will be given the opportunity to have a turn in the Wet Play Area with their grade

Signed: _____ Date: _____

Important Student Medical Information & Treatment Plan for the day:

PARENT HELPER FORM

I am able to assist with the Kinder / Year 1 2020 Swimming Carnival:

The teachers will need a hand to get the children to and from the pool and assistance in getting the children organised when back at school.

Volunteer's Name (please print) _____

WWVP Card Number _____

Child's Name: _____ Class _____

Phone Number(s) _____

NB* It is a requirement that all volunteers have a current WWVP card. All volunteers must have their WWVP cards on them at the Swimming Carnival and provide the number in the space provided above.