



📄 Online Form - Zone Swimming Carnival

Activity Name:	Zone Swimming Carnival
Date/Time:	Friday 8 March 2024 9:05am - 3:05pm
Description:	<p>The Hawkesbury Zone Swimming Carnival on Friday 8 March 2024 at the Hawkesbury Oasis Aquatic Centre, Church Street and Drummond Street, South Windsor.</p> <p>You have been notified by email of the events your child will be competing in at the Zone Carnival. If your child is unable to compete in their allocated event, please contact the school before Monday 26 February, so another student can participate in the event in their place.</p>
Cost:	\$7.50
Venue:	Hawkesbury Oasis Fitness and Aquatic Centre, South Windsor (Church St & Drummond St, South Windsor NSW 2756)
Transport:	<p>Private parent transport. Please contact the school before Monday 26/2 if you are unable to transport your child.</p> <p>Students need to arrive at the pool at 8.30am to meet Mrs Lavender to sign in. At 8.45am-9am the pool will be open for warm up. Races begin promptly at 9am.</p> <p>Competitors and spectators need to enter the venue via the main gate.</p> <p>Competitors cost is \$7.50 per person paid via SchoolBytes.</p>
Dress Code:	Students will need to wear their swimmers, goggles, full school uniform, hat and sunscreen. All swimmers will need a towel. As weather can be unpredictable a warm jumper and change of clothes needs to be packed in bags. Please label ALL items. GVPS competitors will be given a school representative cap on the day, if they weren't given one last year.
Food:	Students need to bring a packed recess, lunch and water bottle. The canteen will be open throughout the day.
Additional Information:	Spectators will need to pay admission cost of \$2.40 at the pool for entry main gate.

	No swimmers can use the indoor pool.
Due Date:	Monday 26 February 2024

* indicates a required field

I have read the above details and give consent for my child, to attend the Zone Swimming Carnival *

Yes No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Emergency Contact Name: *

Emergency Contact Phone Number: *

Medical Conditions (including any medication required):

Dietary Requirements:

In relation to the proposed water activities, I advise that my child is a: *

- Non swimmer:** My child is unable to swim
- Weak swimmer:** My child is not a confident swimmer or is not comfortable in the water
- Average swimmer:** My child is a reasonable swimmer but is not very strong or confident in deep or fast water
- Strong swimmer:** My child is a strong swimmer and is very confident in deep or fast water

I have completed the above information regarding water activities and: *

- I consent to my child participating in the water activities
- I **do not** consent to my child participating in the water activities

Parent/Carer Signature: *

Please note: Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.