

## ${\cal Q}$ Online Form - School Swimming Carnival

Activity Name:	School Swimming Carnival
Date/Time:	Wednesday 12 February 2025 9:05am - 3:05pm
Description:	Grose View Public School will be holding the Swimming Carnival on Wednesday 12 February 2025 at the Richmond Swimming Centre, 65 East Market Street, Hobartville.
	All children in Years 3–6 attend the carnival. Children in Year 2 who were born in 2017 and can swim 50 m proficiently (without assistance) are welcome to attend and must participate in at least one of the 50 m races. Please indicate on the permission below if your child is able to swim 50 m proficiently (without assistance). The individual medley (4 x 50 m) will only be open to students who qualify at a district level in one or more of their 50 m races.
	Non-swimming students (non-swimmers and weak swimmers) will be identified with a fluorescent orange wristband and will not participate in any races.
Cost:	\$24.00
Venue:	Richmond Swimming Centre, Hobartville (71 East Market Street, Richmond)
Transport:	Travel to Richmond Swimming Centre will be by bus.
	Students competing in the 100 m races and 8 year old races will be leaving school at 8.45 am for a 9.15 am race start. We ask all students attending the carnival to arrive early to school by 8.30 am.
	Some students that need to catch a morning bus to school will travel on the later buses to the carnival, and will miss the 100 m races.
	If you intend to transport your own child to the venue, please indicate in the permission. Please note, you will still need to pay the excursion fee as the costing is calculated on the total number of students.
Dress Code:	Students will need to wear their swimmers, sunsafe sport house colour clothing, hat, sunscreen and covered shoes (no thongs or slides). 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.

	Sport House Colours: Boronia (blue), Waratah (red), Wattle (yellow)
Food:	Students need to bring a packed recess, lunch and water bottle. The canteen will be open at allocated times throughout the day.
Additional Information:	We invite parents and family members to cheer on the children and assist with time keeping, judging and marshalling. Please indicate if you are able to volunteer on the day.
	Spectators will need to pay admission cost of \$1 at the pool for entry.
Due Date:	Monday 10 February 2025
	* indicates a required field
	ils and give consent for my child, to attend the School Swimming Carnival *
○ Yes ○ No	
Student Name:	
Parent/Carer Name: *	
Parent/Carer Phone Numb	
Paletti/Calet Phone Numb	ei. "
Emergency Contact Name:	*
Emergency Contact Phone	Number: *
Medical conditions/inform	ation relevant to the activity (including any medication required):
In relation to the proposed	water activities, I advise that my child is a: *
O Non swimmer: My child	d is unable to swim
O Weak swimmer: My chi	ild is not a confident swimmer or is not comfortable in the water
Average swimmer: My water	child is a reasonable swimmer but is not very strong or confident in deep or fast
O Strong swimmer: My ch	nild 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
O I do not consent to my child participating in the water activities
My child will be travelling by bus to and from the venue:
○ Yes
○ No
My child will be travelling by private transport to and from the venue. Please note that the cost of the excursion is calculated on all eligible students travelling by bus. You will be required to pay:
○ Yes
○ No
My child is able to proficiently swim 50 m without assistance:
○ Yes
O No
I am able to assist with time keeping, judging or marshalling at the carnival. Please write your full name and contact number:
I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *
NSW Department of Education for students in relation to school sporting activities, physical education lessons
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *  Yes  If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *  Yes  If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from the activity and medical follow-up recommended: *
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *  Yes  If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from the activity and medical follow-up recommended: *  Yes
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *  Yes  If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from the activity and medical follow-up recommended: *  Yes
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *  Yes  If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from the activity and medical follow-up recommended: *  Yes
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *  Yes  If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from the activity and medical follow-up recommended: *  Yes
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *  Yes  If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from the activity and medical follow-up recommended: *  Yes
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *  Yes  If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from the activity and medical follow-up recommended: *  Yes  Parent/Carer Signature: *
NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *  Yes  If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from the activity and medical follow-up recommended: *  Yes  Parent/Carer Signature: *