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Telopea Street  
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 NSW 2079

## 2018 Swimming Carnival

Dear Parents,

Our Primary Swimming Carnival will be held on Wednesday, **7 February** at the Hornsby Aquatic Centre. All children will attend and should wear their **sports uniform**. Children will need to bring **sunscreen, swimmers and towel, lunch and morning tea (no glass bottles please) and raincoat** if the weather looks doubtful.

Due to supervision requirements it will be necessary for children to come to school and travel to the pool by bus with their class teacher. **Children are not permitted at the pool without the supervision of a teacher. Students will not be allowed into the pool unless they travel by school bus.** As transport costs are determined by the number of students travelling by bus we would appreciate your assistance in this matter.

If time permits we will be running a fun activity session for those students who are not participating in any swimming events. Additional supervision will be provided in the water for this session.

We will travel to and from the pool by bus departing school at **9:00am** and returning by **3:00pm**. The cost of bus travel and pool entry is **\$12.00** per child, spectators \$3.00.

Please complete the slip below and return to your child's teacher together with **\$12.00** by **Friday, 2 February**.

Thank you  
 James Tod & Carol Barker  
 Carnival Coordinators

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### PLEASE RETURN TO CLASS TEACHER

### SWIMMING CARNIVAL – WEDNESDAY 7<sup>th</sup> FEBRUARY

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the school Swimming Carnival on Wednesday 7 February travelling to and from Hornsby Aquatic Centre by bus. I have made a payment of \$12.00 which covers transport and entry.

**My child can swim 50m and may choose to compete at the carnival YES / NO**

I have made an online payment. The receipt number is \_\_\_\_\_ Date \_\_\_\_\_

I have enclosed cash/cheque as payment. (Cheques payable to NSW Government Schools)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian

My child has the following medical conditions that you need to be aware of to participate in the above activities (eg. Asthma, allergy etc.)

\_\_\_\_\_

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### PRIMARY SWIMMING CARNIVAL – ASSISTANTS

I am able to assist in timekeeping / life saver - at the carnival. (Please circle)

Name \_\_\_\_\_ Child's Class \_\_\_\_\_