



# BRISBANIA PUBLIC SCHOOL

## SOUTHERN CENTRAL COAST ZONE SWIMMING CARNIVAL 2017

Dear Parents/Guardians

Congratulations, your child has been selected to represent Brisbania Public School at the Zone Carnival. The carnival will be held at Peninsula Leisure Centre, Woy Woy Pool on:

**TUESDAY 14 MARCH, 2017 FROM APPROX. 9:00AM TO APPROX 2.30 PM**

The cost of pool entry is **\$4** for competitors and **\$3.20** for non-swimming adults **(TO BE PAID AT POOL WHEN ENTERING THE VENUE - NOT AT SCHOOL).**

Children are required to wear the school sports uniform. They should also bring: **a hat, morning tea, lunch, sunscreen pool entry fee and swimming gear.** A canteen will operate throughout the day.

Your child will compete in the following events:



**PLEASE SEE ENTRY FORM ATTACHED**



Children will need to make their own way to the venue, meeting the team manager, who will be Mrs Self. The children will need to be at the pool no later than **8:20am** as the first marshalling call will be at **8:45am**. Please be aware there is always a great deal of congestion for parking and entry into the pool.

If transport is not possible for you on that day, please let the school office know so that we can advertise a need for transport assistance on our various school media sites.

In this way, we will be able to ensure all children can attend.

***As an exciting first this year, we will have fantastic school swimming team caps available from the school canteen at a cost of \$10. You may also purchase swimming caps on the day at the Zone Carnival from Suzanne Sapsford.***

Many thanks,

Greg Anderson  
CARNIVAL CO-ORDINATOR

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### **ZONE SWIMMING CARNIVAL - PERMISSION SLIP**

**I do / do not** consent to my child .....in class.....participating in the Zone Swimming Carnival to Peninsula Leisure Centre, Woy Woy Pool on Tuesday 14 March 2017. I understand that children will need to make their own way to and from the venue. This sporting event has the approval of the school principal.

Emergency contact Numbers: .....

**I give / do not give permission** for my child to receive medical treatment in case of emergency.

.....  
Parent/Caregiver Name

.....  
Parent/caregiver signature

.....  
Dated