

WERRINGTON PUBLIC SCHOOL

Armstein Crescent PO Box 4100 WERRINGTON NSW 2747 Phone: 9623 7077 Fax: 9623 1339 Email: <u>werrington-p.school@det.nsw.edu.au</u>

7/2/2023

Dear Parents,

On Thursday 23rd February, we will be holding our annual school swimming carnival. The carnival will be held at Ripples St Marys Swimming Pool. Cost will be \$21.00 per child which includes bus transport, entry to the pool and pool hire. All students will travel by bus to and from the pool.

This year's carnival will be a half-day carnival for competitors only. All competing students will leave school at 11.30am and will return to school by home time 3.00pm. Normal lessons will run for the remainder of the school. Children who are turning 8 or older in 2023 and are competent swimmers (ie. are able to swim 50m in deep water, unaided) are encouraged to participate in the carnival.

Each student will need to wear their school uniform over their swimmers both to and from the venue. Students should bring their recess and lunch, including a bottle of water. Drinks in plastic containers or poppers are preferred, as no glass is allowed. Students should also have adequate sun protection, including a school hat, sunscreen and a school t-shirt, which is to be worn when they are not participating.

This year, parents are able to attend the carnival. However, for any parent wishing to attend there is a \$3 entry fee. This will need to be paid by card as Ripples is a cashless facility. Throughout the day when not participating, students must stay in their designated cohort area for safety and supervision reasons. All small pools and splash parks at the venue will be designated 'Out of Bounds'.

Please complete the attached form and return it, with payment of \$21.00, to the office by **Friday**, **17**th **February**. Please note: if you are experiencing financial difficulty, please see Mrs Mallia in the office.

Many thanks for your on-going support. We are looking forward to a wonderful carnival.

Mr Bale



PERMISSION SLIP – WPS Swimming Carnival – Mr Bale

I give permission for my child			<u> </u>	, to participate in the WPS
Swimming Carnival on Thursday 23 rd	February, at Ripples, St M	arys.		
Signed:			te [.]	
Parent		Du		
Please indicate:				
□ I have enclosed cash for the amount of	of \$21.00 or			
 I have made an Online payment. My 			Date:	
Emergency contact phone numbers:	1. Name:	Numb	er:	
/	2. Name:	Numb	oer:	
List existing medical conditions or illne	esses (include asthma, di	abetes, epilepsy	y, allergies an	d previous sporting injuries etc.)
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	and the second s		VV.	
Medication(s) to be administered duri				
time of administration and any possible			ne medication	
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Please tick each event that you	nominate your child to r	participate in. To	be nominate	d. students must be able
	wim the particular stroke			
YOUR CHILD WILL ONLY BE ALL	OWED TO PARTICIPATE I	N EVENTS NOM	UNATED ON T	HIS PERMISSION SLIP
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50m Backstro	ke 🛛	100	Om Freestyle	
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