

Cranbourne South PRIMARY SCHOOL
SSV Casey South Division Swimming Carnival 2020
Positivity, Persistence, Pride, Passion



239 Pearcedale Road, Cranbourne South VIC 3977 **Tel: 9782 2999**
 Email: cranbourne.south.ps@edumail.vic.gov.au Website: http://www.cranbournesouth.vic.edu.au/

Dear Parent/Guardians,

Your child: Discipline:
 has qualified to enter into the SSV Casey South Division Swimming Carnival.

Date:	Wednesday, 11 March 2020
Time:	As per event information attached
Venue:	Noble Park Aquatic Centre, 9 Memorial Drive, Noble Park
Event information:	Attached is all the information needed, please familiarise yourself with what is expected for each competitor entering into the competition.
Cost:	There is no cost for this event
Return date:	Thursday, 5 March 2020
Transport:	Parents/carers are required to provide transport for their child on this day. If you require any assistance with this please indicate on the form below.
What to wear:	School uniform
What to bring:	Bathers, towel, sunblock, fruit snacks & lunch, water bottle, warm jacket, hat & sunblock.
Special notes:	Mrs Danielle Curtois will be the teacher in charge on the day.

DANIELLE CURTOIS
 PHYSICAL VIBE
 Thursday, 27 February 2020

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PLEASE RETURN BY Thursday, 5 March 2020
SSV Casey South Division Swimming Carnival – Noble Park Aquatic Centre

I give permission for my child: Class:
 to participate in **SSV Casey South Division Swimming Carnival** on **Wednesday, 11 March 2020**.

- I will provide transport for my child to and from the venue.
- I am willing to provide transport for other students.
 My contact details are as follows: (This information will be provided to other parents)
 Mobile/Ph:
- I am unable to transport my child but I am happy for another parent to do so and I understand that this is a private arrangement between the parents concerned.
If you tick this box, we will send you the names and phone numbers of parents who have agreed to transport other students to this event.

In the event of illness or injury to my child whilst on this excursion, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, and to administer such first aid as the principal or staff member may judge to be reasonably necessary.

During the times of the excursion, my telephone contact is:

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 Print Name of Parent/Guardian

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 Signature of Parent/Guardian

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 Date