



Casey South Division Swimming Carnival 2022

Dear Parents/Carers,

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

Date:	Wednesday, 9 March 2022
Time:	12.30pm - 2.30pm approximately.
Venue:	Noble Park Aquatic Centre, 9 Memorial Drive, Noble Park Note: All adults must sign in via the QR code at the venue and be at least double vaccinated as per venue guidelines.
Event Information:	Attached is all the important information regarding rules and program of events. Please familiarise yourself with what is expected for each competitor entering into the competition. See attached the list of which event/s your child is competing in.
Cost:	There is no cost for this event.
Permission:	Please return the form at the bottom by Friday, 4 March 2022
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 bring:	Bathers, towel, sunblock, fruit snacks & lunch, water bottle, warm jacket, hat & sunblock. Note: Students should be in school uniform when not in the water.
Special Notes:	Mrs Danielle Curtois will be the teacher at the venue. Note: She will also be acting as a District representative so will be assisting with the running of the event.

DANIELLE CURTOIS**Physical Vibe**

Monday, 28 February 2022

PLEASE RETURN BY Friday, 4 March 2022

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, 9 March 2022**.

- 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: _____

Print Name of Parent/Guardian_____
Signature of Parent/Guardian_____
Date