

# Try Outs for the School Swimming Team 2017



Tuesday 31<sup>st</sup> January 2017

Dear Parents/Guardians,

Try outs are being held for the Beaconsfield Primary School Swimming Team to compete at the District Swimming Sports. This event is **NOT** for every student and I must ask that only those students able to swim **50 metres** of a competitive stroke (Butterfly, Backstroke, Breaststroke, or Freestyle) interested in being part of the school team attend the tryouts.

**When:** Wednesday 8<sup>th</sup> of February.

**Time:** The students will be leaving the school at 9:00am sharp and we will return to school by 12.00noon.

As per our Excursion Policy we will wait no longer than five minutes after the stated departure time. Students who arrive later than this will stay at school.

**Where:** Pakenham Pool, Corner of John and Anderson Street, Pakenham, Melways Ref. 317 E7

**Transport:** By bus

**Cost:** \$10.00 for hire of bus, lanes at the pool and entry to the pool

**Special requirements:** Your child will need to bring appropriate swimwear to change into; school uniform must be worn to and from the event. The students will need to bring a drink bottle and healthy snacks (we will be back at school by lunch time), a hat, sun block, swimming goggles if you need them, a towel, a plastic bag for wet equipment after we finish and asthma medication if required.

**How can you help:** Parents who are available to act in the role of timekeeper or help with the supervision of the students are required to help with the smooth running of the day. Please let me know if you can help.

**Due date for notice and money:** Monday 6<sup>th</sup> of February at 9:00am

Regards, Anthony Cole - Physical Education Co-ordinator.

(Please detach and return with money to school by Monday 6<sup>th</sup> of February 9:00am)

## Try Outs for the School Swimming Team 2017

Student's Name: ..... Student's Grade .....

I enclose \$10.00 as full payment for the excursion.

Method of Payment (please tick): Cash  Chq  Credit Card/EFT  BPAY

**If using BPAY method, please make sure you send the permission note back the next day.**

**Please place a tick in the box next to the event or events you wish to try out for.**

[ ] Freestyle [ ] Backstroke [ ] Breaststroke [ ] Butterfly

I consent to my child taking part in **Try Outs For The School Swimming Team 2017** and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

- Consent my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Contact number for this excursion: .....

Signature of parent/guardian: .....

Date:.....

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

I am able to help at the Beaconsfield Primary School Swimming Team Tryouts on Wednesday 8<sup>th</sup> of February 2017 and I have a **current Working With Children Card that is registered with Beaconsfield Primary School.**

Name ..... Contact Phone Number .....

Working with Children's card Number.....