

# ACT REGION SWIMMING CARNIVAL 2018 (12 YEARS AND UNDER)



<b>COST</b>	\$8.00	<b>Covers:</b>	Travel		Entry	X	Program		Other	
NOTE: Excursions are an optional enrichment activity and parents are expected to cover the costs incurred. If your child is not able to attend on the day, refunds may not be available for some or all of the costs.										
<b>DEPARTURE DATE</b>	Monday, 7 May 2018				<b>DROP OFF TIME</b>	8:00 AM				
<b>RETURN DATE</b>	Monday, 7 May 2018				<b>PICK UP TIME</b>	2:15 PM				
<b>EVENT LOCATION</b>	AIS Swimming Pool, Leverrier Crescent, Bruce									
<b>MODE OF TRANSPORT</b>	Parents to transport and pick up from venue									
<b>PURPOSE</b>	Selected students to compete in the ACT Region Swimming Carnival. Please see attached information for the events your child has been selected to swim in.									
<b>TEACHER IN CHARGE</b>	Janelle Martin from Evatt School									
<b>EQUIPMENT NEEDED</b>	School uniform, swimming clothes, towel, recess, lunch and water bottle.									
<b>CONTACT NUMBER</b>	6142 3030									

**FORM DUE TO FRONT OFFICE by 3:30pm on Monday, 30 April 2018**

CHILDREN WHO HAVE NOT RETURNED A SIGNED PERMISSION FORM WILL NOT ATTEND.

## ACT REGIONAL SWIMMING CARNIVAL 2018 - PERMISSION NOTE

I consent to my child (name) \_\_\_\_\_ in (class) \_\_\_\_\_ to attend/not attend (please circle) the ACT Regional Swimming Carnival 2018 on Monday, 7 May 2018.

I (parent name) \_\_\_\_\_ have paid the amount of \$8.00 by:

<b>BANK TRANSFER</b>	<b>CREDIT CARD</b> (Westpac Quickweb)	<b>CASH</b>	<b>CHEQUE</b>
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**Bank Transfer:** Aranda Primary School Management Account BSB 032-777 Account 000997

**Credit Card:** Use PAYMENTS tab on school website home page

**FEE CODE:** ACTSW

The school has an **Excursion Medical Information and Consent Form** on file. Please provide details of **any current medical requirements** and/or other needs of the child relevant to this excursion.

I have read all the information provided in regards to this excursion and understand its contents:

**Name of Parent:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>STUDENT KEY</b>		<b>FAMILY KEY</b>	
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*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. A risk assessment for this activity has been completed and is available to view upon request.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*The school has made every effort to keep costs for this activity at a reasonable level. Financial assistance may be available to assist families who are not able to make the requested contribution. Please contact the Business Manager. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.*

*The teacher in charge will make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. The costs associated with any emergency arrangement made by the teacher in charge will be met by the parents/guardians (free ambulance transportation only applies in the ACT).*

*The student will be under the authority of the school for the duration of the excursion and that the teacher in charge is authorised to return the student to the school at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action and after contacting the parent.*

**IF MEDICAL INFORMATION HAS CHANGED PLEASE PROVIDE AN UPDATED** Excursion Medical Information and Consent Form **TO THE SCHOOL** (available for download from the school website or from the Front Office).