Killara House Swimming Carnival and 50m Event Challenge

**Purpose:** House Sport event for all year 3-5 students that involves a large number of events catering for all swimming abilities. 50m Event Challenge for those competitive swimmers wanting to compete at District and beyond in all strokes.

**Dates / Time / Venue:** Tuesday 15 December – 9.30am – 1.00pm **Sunbury Aquatic Centre**

**What to bring:** Students to bring a packed lunch, Killara Hat, snack and drink bottle of water. **Sunscreen should be applied before attending.** Students should wear house colours. Students competing in 50m challenge should wear appropriate swimming gear for swimming 50m.

**Cost per Student:** $7.00

**Transport:** Students will travel to and from the venue by bus.

Please return the form below, along with $7, by Friday 11 December.

Andrew Pizaro
(PE/ Sports Coordinator)

Phil Clinkaberry
(Principal)

I hereby give permission for my child to participate in the above event or backup event, travelling by bus to and from the event.

Students Name: ____________________________

Class: ____________________________

50m Challenge – Only complete if your child is confident and competent at swimming 50m non-stop.

**50m Challenge Event (Please complete if your child intends on participating in challenge. Please be aware only students who are competent swimmers over 50m should participate in this part of the day)**

**Please choose 2 events from below (At district students can only do 2 individual and 2 relay events)**

Freestyle  Backstroke  Breaststroke  Butterfly

Age your child will be turning between Jan 1st and Dec 31st 2016 ___________

In the event of accident or illness, I authorise the teacher in charge, where it is impracticable to communicate with me, to seek such medical or surgical treatment for my child as may be deemed necessary. (NB. The school does not provide accident insurance cover for students. Parents are advised to seek cover, if desired)

**Medication information**

Please complete if the student is currently taking medication and will need to take that medication on this excursion.

<table>
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<tr>
<th>NAME OF MEDICATION (Eg. Ventolin)</th>
<th>METHOD ( eg. puffer held by student)</th>
<th>WHEN, &amp; HOW MUCH (eg. 2 puffs when required)</th>
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Signed, Parent/ Guardian: ____________________________ Date: __________________

Emergency Contact Number (on the day): __________________