

HOLSWORTHY PUBLIC SCHOOL

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Friday 2 February 2024

2024 SCHOOL SWIMMING CARNIVAL Years 3 - 6

Dear Parents/Caregivers,

The swimming carnival is a school activity for students in Years 3-6, therefore active participation by all children is required for the carnival to be a success.

Date:	Tuesday 13 February 2024
Who:	Years 3 - 6
Where	MICHAEL WENDEN AQUATIC CENTRE, Miller.
Times:	Departure: 9:00am Return: By 2:55pm On return, students can be collected at their classrooms.
Cost:	\$20
What to wear:	Sports House colours or sports uniform, wear appropriate footwear (no thongs are to be worn to school). All items should be clearly labelled. When coming to school, students are to wear their swimming costume under their clothing.
What to bring:	Must bring a hat, plenty of sunscreen, towel, swim cap and, if required, goggles. Recess, lunch and plenty of drinks. (No glass containers) The pool canteen will be available for cold food only.
Transport:	Travel will be on seat-belted buses.

Parents are invited to attend the carnival. There is a small entry cost for spectators.
If this event is postponed, a message will be sent on SkoolBag.

Important information

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, when deciding whether additional insurance cover is required prior to their child's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>.

Please note: The signed permission/consent note MUST be returned to the school by Thursday 8 February 2024.

Mrs J. Corbett
Swimming Carnival Organiser

Mr M. Hoppitt
Principal

Parent/Carer Consent: 2024 SCHOOL SWIMMING CARNIVAL

Student details (please print clearly)

First name: _____ Surname: _____ Class: _____

Student Code of Conduct (student to complete)

I (name) _____ agree to abide by all the rules of the events and to obey all requests given to me. I realise that good behaviour will enable me to take part in future events. Misbehaviour has serious consequences.

SIGNED: _____
Student Date

Student medical details

Medicare number: _____ Expiry date: _____

Please detail any medical or special needs which the team manager should be aware of, including medical, behaviour management or other specialised plans. (Copies of plans to be attached.)

Parent/Carer details

First name: _____ Surname: _____

I give permission for my child _____

of Class _____ to attend and participate in the: 2024 Swimming Carnival

Date: _____ at Venue: Michael Wenden Leisure Centre

- My child's swimming ability can be best described as:

Swimming Ability	Please sign one option ONLY
COMPETENT (Can swim more than 50m)	
AVERAGE	
NON-SWIMMER (Can not tread water or swim)	

- I understand that students identified as non-swimmers will be directed to wear a coloured **wrist band** and only allowed to participate in **novelty events** under direct supervision.
- I understand that ticking competent does not mean my child HAS to compete in any races, it is for the purposes of identification.

Parent/Carer Acknowledgment and Consent

- I have read the information provided and I hereby consent to my child/ward participating in this event.
- I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures.
- I acknowledge and accept that there is a risk that my child/ward may be exposed to COVID-19 whilst attending and participating at this event.
- I confirm that my child will not attend if displaying symptoms of illness, and/or if directed to isolate under public health orders.
- I acknowledge that my child/ward will be under the duty of care of the supervising teacher during the event.
- I confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility of expenses incurred.
- I acknowledge that if my child/ward sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the event commencing, I am required to report this to team officials. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the event, if a medical clearance is provided.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk by participating in this sport activity.

Name: _____

SIGNED: _____
Parent/Carer Date