



February 2017

Balaclava District Swimming Carnival Thursday 2nd March 2017

Dear Parents/Guardians

Congratulations; your child was successful in the District Swimming trials.

They have now been selected to compete in the **Balaclava District Swimming Carnival on Thursday 2nd March at Glen Eira Sports and Aquatics Centre (GESAC) 200 East Boundary Road, Bentleigh East, 3165.** In the event of bad weather the back-up day will be held on Friday 3rd March.

The team was selected based on their time in the trials. Selection rules state that swimmers can compete in a maximum of 2 individual age group events plus 1 open medley AND/OR 1 age group freestyle relay. We can also select 1 boy and girl swimmer to compete in the open 100m Championship Event. (Please note that 9 & 10 year old swimmers compete together; therefore only the fastest swimmer from this group will be selected. Please note that 9 year old swimmers cannot progress to the division carnival.

Students will travel to and from school by bus, leaving at **9:00am** and then returning to school at **1:30pm** for lunch. Swimmers will need to meet at **8:45am at the maze on the senior school playground, Thursday 2nd March.**

Students who qualify in their races will then proceed to the **Division Swimming Carnival on Friday 10th March.**

Students need to bring plenty of water and a snack (they will eat lunch back at school but no lunch orders please). They will need to wear their swimming gear under their school uniform. They must bring a hat, T-Shirt and sunscreen.

Please return the slip below to the office along with \$14 for the bus no later than Friday 24th February.

Kind Regards

Sam Casey

PE & Sport Coordinator

Nicole Richards

Assistant Principal

ELWOOD PRIMARY SCHOOL

Balaclava District Swimming Carnival - Thursday 2nd March 2017

I give permission for _____ from Grade _____ to attend the **Balaclava District Swimming Carnival on Thursday 2nd March.**

In the event of bad weather I also give consent for the back-up day on Friday 3rd March.

I authorise the teacher in charge of my child to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardians Name _____ Signature _____ Date _____

EMERGENCY NAME & PHONE NO: _____ My child carries their own

Puffer/Medication: _____ (specify)