



Tuggerah Public School

Phone: 02 4352 1116
Email: tuggerah-p.school@det.nsw.edu.au

1 Pacific Highway Tuggerah NSW 2259
Web: www.tuggerah-p.schools.nsw.edu.au

EXCURSION, PERFORMANCE AND ACTIVITY CONSENT FORM

Dear Parent / Carer,

Our primary swimming carnival for students aged 8– 13 (at 31st December 2024) will be held at Mingara Aquatic Centre on Wednesday 14th February, 2024. ****Please note change of venue for this year's carnival****

Event:	Age 8 - 13 year's Swimming Carnival
Date:	Wednesday 14th February 2024
Venue:	Mingara Aquatic Centre
Time:	Bus will leave school at 9am sharp and arrive back by 2:50pm NOTE: Competitors entering the 100m Freestyle event will need to be at the pool by 8:30am and be taken directly to the pool by parent/carer. Students must be handed over to a school staff member and attendance marked on the roll.
Staff:	Years 3-6 teachers
Transport:	Bus
Cost:	\$24 per student \$18 only if 100m competitor (as being dropped off via private transport) – <i>ensure you tick the relevant box on permission form</i> <i>Please note price increase is due to change of venue and bus hire costs.</i>
What to bring / Clothing:	Students are to wear school or sports uniform to school with appropriate swimwear underneath. Please pack a towel (labelled), underwear, water bottle and goggles (if desired). Students will need a plastic bag to carry wet swimwear and towel after the carnival. No crepe paper, streamers or coloured hairspray please.
Food:	No canteen will be available. All students need to bring lunch, water and snacks.
Behaviour:	Participation in excursions and representative activities will always be dependent upon the student's ability to behave in an appropriate manner and not constitute a safety concern for self and others. Any student who displays disrespectful or violent behaviour will not be able to represent the school.
Additional:	<ul style="list-style-type: none"> • Students must be able to swim 50m confidently and independently in the correct stroke (one lap of the Mingara pool) to attend and compete at this carnival. • PLEASE NOTE: if you wish to take your child home early from the pool you will need to sign them out at the recording table before leaving. There is no discounted price if you choose to do this. • If you would like your child to leave the carnival with another parent/carer please provide permission in writing including the name of the person your child will be leaving with. • Students that qualify for the Tuggerah Lakes Zone Carnival (Friday 1st March) will be notified as soon as possible after the carnival has concluded and results are determined.

Please complete the attached permission note and return NO LATER THAN FRIDAY 9th FEBRUARY 2024.

Many thanks.

Kathryn Drew
Swimming Carnival Co-Ordinator

Sharlene Percival
Principal



Tuggerah Public School

Phone: 02 4352 1116
Email: tuggerah-p.school@det.nsw.edu.au

1 Pacific Highway Tuggerah NSW 2259
Web: www.tuggerah-p.schools.nsw.edu.au

Age 8 - 13 year's Swimming Carnival 2024

Permission note and payment due by FRIDAY 9th February, 2024

I do / do not consent for my child _____ DOB _____

of class _____ to participate in this event at Mingara Aquatic Centre, travelling by bus, on Wednesday 14th February 2024.

1. In relation to the proposed swimming activities, I advise that:

My child is a competent swimmer (can independently and confidently swim 50m), is 8 years or older this year and will participating in the swimming carnival.

My child will participate in the 100m Freestyle and will be dropped by a parent/carer at the pool by 8:30am.

2. I have completed the above information regarding swimming activities, and I **consent** to my child participating in the swimming activities

3. Payment

I have paid \$24 online (travelling by bus to/from school)
Receipt Number _____ Date: _____

I have paid \$18 online (Swimming competitors for 100m being dropped off by 8:30am)
Receipt Number _____ Date: _____

My child has the following special needs (please indicate any medical conditions or details)

I give permission for my child to receive medical treatment in the case of emergency. Yes No

Medicare Number: _____

Parent/Carer Name: _____ Relationship to child: _____

Parent/carer's signature _____ Date: _____

Contactable phone number for day of activity: _____

SPECTATORS / HELPERS

Spectators please be reminded of and follow Department of Education social distancing conditions whilst supporting students.

All successful carnivals work with the help of a great school community, and we may require some assistance with carnival tasks on the day. Please note below if you are available to assist on the day.

Note: You must complete a volunteer documentation and produce 100 points of ID to the school office prior to the carnival day if you are willing to assist

Name: _____ Available times: _____

Relationship to child: _____ Contact number (if different to above): _____