



## COMBINED SCHOOLS SWIMMING CARNIVAL 2024

1 February 2024

**WHAT:** 2024 Swimming Carnival

**WHO:** Children in Years 2 to 6 **turning 8 years of age or older, this year**

**WHEN:** Thursday 8 February 2024

**WHERE:** Mingara Aquatic Centre, Mingara. Travel will be by bus. Buses will leave school at 8:50am and return to school by 2:30pm

**COST:** \$11.00

**NOTES TO BE RETURNED NO LATER THAN:** Monday 5 February 2024

- **This is a school event and all students are expected to attend even if not competing.**
- **Early events (100m Freestyle and 200m individual Medley) will commence at 8:45am. Students interested in completing in these early events will have to make their own way to Mingara AT 8:15am. Early swimmers need to have their name marked off at the recording desk on arrival. All other races will commence at 9:30am when buses arrive.**
- Students are to wear house colours or sports uniform and swimmers. Wear closed in shoes to and from the swimming pool. Bring a towel and plastic bag with spare change of clothes. Please no hairspray, crepe paper or zinc.
- Students are to bring recess, lunch and plenty of water. Students will be allowed to purchase food from the canteen at allocated times on the day.
- Please bring sunscreen (marshalling is held outside), towel, goggles, swimming cap (optional), plastic bag for wet clothes.
- Staff members attending all have CPR and Emergency Care Training.
- This is a school event – all students are expected to attend, even if not competing.

Thank you for your cooperation

Carly Nguyen  
Organising Teacher

Alison Dowling  
Class Teacher

Lisa Wicks  
Principal

## Swimming Carnival on Thursday 8 February 2024 at Mingara Aquatic Centre

I give permission for my child ..... of class ..... to attend the Holgate Public School Swimming Carnival on Thursday 8 February 2024 at Mingara Aquatic Centre, which has the approval of the principal. I understand that travel will be by bus and all students who are participating in this carnival are not to enter the pool without permission from teachers running the carnival.

All events will be announced during the day. **Students are responsible for getting themselves to their events. There will be no 'free swimming activities' during the swimming carnival.**

### Student Medical Details

Medicare number: ..... Expiry Date: .....

My son/daughter has the following special needs (please provide full details and include any relevant medical details).....

.....

**I understand that my child will receive medical treatment in the case of an emergency.**

### Privacy Notice

The personal information provided on this permission note, will be used and disclosed by the Department of Education for general administration, communication with parents or carers and matters relating to the health safety and welfare of your child in connection with your child's participation at this event or for any other purpose required or permitted by law. The provision of this information is voluntary, but your child may not be able to participate if it is not provided. This information will be held securely and disposed of securely when no longer needed. You may correct personal details recorded on the form at any time by contacting the school.

### Concussion Clearance

The Australian Medical Association recommends students being symptom-free of concussion for 14 days before returning to sport. Students who have suffered a concussion within 14 days of the event must provide written clearance from a medical practitioner prior to participating.

- If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event.
- Medical clearances can be attached to this consent form or can be submitted to team officials separately

- I affirm that, to the best of my knowledge, my child/ward has no medical condition or injury that places him/her at risk by participating in this 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 for expenses incurred.

**Signed parent/caregiver:** .....

### 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, physical education lessons or any other school activity. 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 and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region and state school sport associations 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 insurance outlets. Parents who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate. 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 use of some prescribed part of the body. The Supplementary Scheme does not cover medical expenses 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/14495>.

- I can 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 (Personal injury statement)
- 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 the school. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the carnival, if a medical clearance is proved (Concussion statement)

**My child will be:**

Catching the bus to and from the carnival **Yes / No**

Attending the carnival early and making their own way there **Yes / No**

**Please clearly circle one:**

- My child can swim 25- 50 metres competently
- My child can swim less than 25 metres
- My child is a non-swimmer

**Please note:** For safety reasons a yellow wrist band will be worn if your child is not a competent swimmer or is a non-swimmer.

**Signed parent/caregiver:** .....

Child's Name ..... Class .....

Date of Birth ..... Age turned in 2024 .....

**I have made payment on-line via the SchoolBytes App of \$.....**

Parent or caregiver contact details

Name: .....

Contact number: .....

Signed ..... (Parent/Guardian) Date: .....