

Dear Parents/Guardians

Swimming trials for **competent swimmers** are being held on Monday 4<sup>th</sup> February 2013 at 3.30 p.m. at Waterworx, 22A Commercial Drive Springfield. These trials are for students who are 9 (or turning 9 this year) to 13 years of age wishing to meet the selection times to represent the school at the District swimming carnival on Tuesday 12<sup>th</sup> February.

Students are only permitted to participate in the trials if they can swim **50m continuously in their chosen stroke and in under a minute**. This is because they will need to meet certain time requirements to be selected to compete at the District swimming carnival. Please decide if it would be appropriate for your child to attend.

If attending, you will need to organise your own transport to and from the centre and a \$4 entry fee for students will need to be paid on entry. The school will be conducting these trials in conjunction with Springfield Lakes State School and Mrs Danielle Licit (P.E teacher at Springfield Lakes State School) will be running the trials.

If your child will be participating, please fill in the form below and **return to the office by no later than 9.00 a.m. Friday 1<sup>st</sup> February**.

Regards

Michelle Schwab

PE Teacher

Angela Gooley

Principal



I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_ to attend the Swimming trials at Waterworx, Springfield on Monday 4<sup>th</sup> February 2013.

- ✓ I understand that my child **MUST be a competent swimmer to attend the trials** and can swim 50m continuously in the selected strokes in under one minute.
- ✓ I also understand that I will organise transportation to and from the venue and pay a \$4 entry fee for my child.

Please complete the following information and tick the event/s that you wish for your child to trial for.

Springfield Central State School					
Student:		DOB:			
Class teacher:		Age:			
Event	50m Freestyle	50m Backstroke	50m Breaststroke	50m Butterfly	100m Freestyle
Tick event/s student will enter in					

Signed: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

### ***Medical Authorisation***

- I acknowledge that the Metropolitan West School Sport Board (as an operational unit of the Queensland Government, Department of Education and Training) does not have personal accident insurance cover for students and as such, will not accept financial liability for any Medical, Hospital or Dental expenses if they should arise.
- Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management, including specific medications, their dosage and the administration of these to the student.
- I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness and guarantee to meet any costs incurred.
- I authorise the administering of anaesthetic if this is deemed necessary by the Medical Officer attending.

***Parent Signature:***

***Date:***

