



Applecross Primary School
65 Kintail Road Applecross WA 6153

Phone: 08 6274 1850

Email: applecross.ps@education.wa.edu.au
www.applecrossps.wa.edu.au

Dear Parents/Caregivers,

Faction Swimming Carnival 2021 – Year 4-6

Faction Swimming Carnival Friday – 5 March 10:00am – 2:30pm Beatty Park Leisure Centre

Our Faction Swimming Carnival is the first sporting event for the year. All students in Years 4-6 are expected to attend as this is part of our Physical Education Program. The Carnival will be held at Beatty Park Leisure Centre which is an outdoor venue so appropriate sun protection is needed.

Students will travel to the venue by bus which is departing at 9:15am for a 10:00am start and returning at approximately 3:00pm. Students will be supervised by Applecross staff from Years 4-6.

Students are to wear their bathers under their school uniform to school.

Students should bring the following -

- **Packed lunch and recess**
- 2 water bottles
- 2 towels
- Swimming cap
- Sun cream
- Medical requirements such as Asthma puffer and spacer

Students are required to wear **full school uniform**, including -

- Applecross PS **faction shirt**
- Applecross PS hat
- Applecross PS charcoal skorts or shorts
- Students should wear their bathers under their school clothes to school
- Students may wear their thongs to school instead of runners.

The cost of the Swimming Carnival is **\$18**. Please return the **Parent Permission and Payment Form and Consent for Water Based Excursion Form** along with correct money if paying by cash, in a sealed and labelled envelope to the locked box in the front office by **Friday 26 February 2021**.

The cost for parents and spectators is **\$1** which can be paid upon entry to Beatty Park.

****Children are required to wear caps the colour of their faction. The cost of \$2.50 can be added to your payment and a swimming cap will be delivered to your child's classroom. Please see attached order form to be completed. Any children who still have their faction coloured caps from last year are not obligated to purchase another one this year.***

I am still needing many parent volunteers to help out at this carnival. If you will be spectating at the carnival and will be able to help out on the day please email me on my email below.

Your child's event schedule will come home later this week.

Covid-19 and the Swimming Carnival

Due to Beatty Park having to comply with the current State restrictions the following restrictions/expectations will be in place for the swimming carnival:

- Please ensure you check in using the Safe WA app or sign the attendance register at Beatty Park.
- Parents will not be allowed to enter where the students bay are **at all** during the carnival.
- Students will not be allowed to visit with parents during the carnival.
- The parents viewing area will be between the 50m pool and water polo pool.
- Please bring your own seating (ideally a folding or camp chair)

We thank you for your understanding and support during these Covid times as we all continue to follow the current health advice in order to keep our community safe.

Good luck to all competitors!

Yours sincerely,

Mr Derek Rijnhart
Physical Education Specialist

18 February 2021

Derek.rijnhart@education.wa.edu.au

Parent Permission Form Faction Swimming Carnival

Where: Beatty Park Leisure Centre

When: Friday 5 March 2021

Time: Departing at 9:15am returning at approximately 3:00pm

PAYMENT OPTIONS * DIRECT DEPOSIT - ANZ Booragoon BSB 016-267 Account No 3408 67399 (Please use your child's Name and Room No as reference and email confirmation of payment to Applecross.ps@education.wa.edu.au)
* CREDIT CARD - Visa & Mastercard
* Cash

OR I have paid the total maximum extra cost options for my child/children for 2021. Please deduct \$18.00 OR \$20.50 from this amount.

The cost will be \$18 per student. (OR \$20.50 including a swimming cap) Please sign and return this permission slip with correct money (if paying cash) along with the consent for water based excursion form and swimming cap order form to the front office before **Friday 26 February 2021**.

I have read and understood the information regarding the excursion to Beatty Park Leisure Centre on 5 March 2021 and give consent for my child to attend the Faction Swimming Carnival **travelling by bus**.

Child's Name: _____ Room Number: _____

Signed: (Parent/Guardian) _____ Date: _____

Phone Number: _____ Paid \$18.00 Paid \$20.50

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. **Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged.** Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

PLEASE COMPLETE ALL DETAILS: Payment Type: Direct Deposit Credit Card Cash Maximum extra cost option paid

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRY DATE: (PLEASE PRINT CLEARLY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Swimming Cap Order Form

Please return this order form with the following information to the collection box in the front office by Friday 26 February. The swimming caps will be distributed to your child prior to the day of the Faction Swimming Carnival once payment has been received. **PAID \$20.50**

Name: _____

Room Number: _____

Faction: _____

APPLECROSS PRIMARY SCHOOL

CONSENT FOR WATER-BASED EXCURSION



STRICTLY CONFIDENTIAL

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

Student details

Student's name _____ Date of birth _____

Parent or guardian's full name _____

Address _____ Postcode _____

Telephone – mobile _____ Telephone - work _____

Telephone - home _____

Name of family doctor _____ Telephone _____

Medicare number _____

The excursion will involve water based swimming activities.

Please indicate your child's swimming ability

- | | | |
|---------------------|--|---|
| 1. Beginner | 7. Intermediate | 13. Wade Rescue/Surf Stage 13 |
| 2. Water Discovery* | 8. Water Wise* | 14. Accompanied Rescue/Surf Stage 14 |
| 3. Preliminary | 9. Senior | 15. Bronze Star (pool only) |
| 4. Water Awareness* | 10. Junior Swim and Survive*/Surf Stage 10 | |
| 5. Water Sense* | 11. Swim and Survive*/Surf Stage 11 | My child has achieved Stage number: <input type="text"/> |
| 6. Junior | 12. Senior Swim and Survive*/Surf Stage 12 | Date achieved _____ |
| | | I am unsure. Please assess my child: <input type="text"/> |

* Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the student's range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.

Medical details

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes No

If "yes", give details:

Please turn over /...

Is your child allergic to:

Penicillin	<input type="checkbox"/>	Give details	
Any other drug	<input type="checkbox"/>	Give details	_____
Any food	<input type="checkbox"/>	Give details	_____
Any insect stings	<input type="checkbox"/>	Give details	_____
Other	<input type="checkbox"/>	Give details	_____

Is any special care required?

Yes No

If "yes", give details:

Tetanus vaccination:

Yes No Don't know

Medications

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?

Yes No

Does your child self-administer the medication?

Yes No

If 'yes', give details (dosage, frequency, name of medication and reason for use):

Does your child have a current Health Care Authorisation Plan at school?

Yes No

CONSENT

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent/guardian _____ **Date** _____