

All students PERMISSON NOTE School Swimming Carnival 2024
Please return to Class Teacher

I give permission for my child _____ of grade _____ to attend the School Swimming Carnival on Friday 9 February 2024 at the school swimming pool.

Please tick as appropriate:

[] My child can confidently swim 50 metres or more unassisted in deep water.

[] My child cannot confidently swim 50 metres.

Medical conditions/ medications _____

Parent/Carer's Signature _____

Date _____

Competitors Permission Note

If you would like your child to compete in the races they **MUST** be able to swim 50m competitively, please highlight below which events they will be competing in.

The 200m Individual Medley (IM) will be held at 9.00am before school, all other events will be a distance of 50m or 100m and run throughout the day.

Competition Age Groups: **(Circle correct age group for your child)**

8 years Junior Born 2016

9 years Junior Born 2015

10 years Junior Born 2014

11 years Senior Born 2013

12 years and over Senior Born 2012 or earlier

Event	Competing	Not competing
Individual Medley (200m)	<input type="checkbox"/>	<input type="checkbox"/>
Freestyle (50m)	<input type="checkbox"/>	<input type="checkbox"/>
Freestyle (100m)	<input type="checkbox"/>	<input type="checkbox"/>
Backstroke	<input type="checkbox"/>	<input type="checkbox"/>
Breaststroke	<input type="checkbox"/>	<input type="checkbox"/>
Butterfly	<input type="checkbox"/>	<input type="checkbox"/>