

# PLENTY PARKLANDS PRIMARY SCHOOL

**EXCURSION/SPECIAL EVENT NOTICE**

**Date: 05/02/2018**

<b>TITLE:</b>	<b>PPPS Swimming Trials</b>
<b>CURRICULUM AREA:</b>	<b>Health and Physical Education</b>
<b>HOME GROUPS INVOLVED:</b>	Years 4/5/6
<b>VENUE:</b>	YMCA Leisure Centre, Pindari Ave, Mill Park
<b>DATE OF EXCURSION/SPECIAL EVENT:</b> Departing at: 9.30am Returning at: 1.00pm	<b>Swimming Trials- <span style="color: blue;">Wednesday February 14, 2018</span> (if selected, students to attend the BDSSA swimming carnival on <span style="color: blue;">Wednesday February 21<sup>st</sup></span>.)</b>
<b>COST:</b> Reminder: CSEF can be used to pay for this excursion If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	<b>\$20.00</b> (a minimum of 45 students with a maximum of 108 are required to attend otherwise <b><u>TRIALS WILL BE CANCELLED</u></b> ). This includes pool hire, transport to and from the venue (including a lifeguard on duty).
<b>WHAT TO BRING:</b>	Water drink bottle and snacks. Towel, hat, bathers and asthma puffer (if required).
<b>SPECIAL REQUIREMENTS:</b>	<b>Students <u>MUST</u> be able to <u>SWIM 50 METRES</u></b>
<b>SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:</b>	Reminder: It is a parent/guardian's responsibility to send any specific medical requirements, such as asthma puffer, etc. Pack your child's medication and hand it (with specific instructions) to your child's teacher. It is a teacher's responsibility to collect the epipen bag from the first aid room or the hypo kit from the classroom.
<b>EVENTS:</b> 50m Freestyle 50m Backstroke 50m Breaststroke 50m Butterfly	Students will be timed in various events and the best times will be recorded and form the basis for selection into the squad to represent PPPS at the BDSSA Annual Swim Carnival on <span style="color: blue;">Wednesday February 21, 2018</span> (at WaterMarc). If a student wins, the next event is the Whittlesea Divisional meet, which will be held on <span style="color: blue;">Monday March 5</span> at the Northcote pool. Success at this event will see the student move onto the NMR meet, which will be held on <span style="color: blue;">Wednesday March 14</span> at the Northcote pool.
<b>NOTICE AND MONEY MUST BE RETURNED BY:</b>	<b><span style="color: blue;">Friday February 9th, 2018</span></b>

✂----- Cut off and return bottom section to the school by the due date -----

**Parent permission**

I give permission for my child \_\_\_\_\_ of home group \_\_\_\_\_ to attend the swimming trials at the YMCA Mill Park. If the emergency contacts are unavailable I authorise the teacher in charge to consent to my child receiving such medical treatment as deemed necessary by a medical practitioner.

Yes  No If no consent is given what should the school do? \_\_\_\_\_

Emergency contacts on the day of the trials

Name \_\_\_\_\_ Phone no: \_\_\_\_\_  
 Name \_\_\_\_\_ Phone no: \_\_\_\_\_  
 Date \_\_\_\_\_ Parent's name \_\_\_\_\_ Signature \_\_\_\_\_

**Parent assistance (please reply by e-mail if you are able to assist on the day of the trials).....**

If you are available to help with the Year 4/5/6 Swimming Trials on Wednesday February 14th, 2018 please forward your name and contact number to Mr. Wayne Wood at [wood.wayne.s@edumail.vic.gov.au](mailto:wood.wayne.s@edumail.vic.gov.au). by the payment due by date. I understand because of my duty of care for the students at PPPS, I cannot bring other children on the excursion. I have completed the **Volunteer Training Program** and understand my responsibilities to live by the PPPS values and abide by the excursion protocols. I am also to required have a **current WWC check**. If in the case that more parents volunteer than places available, Mr Wood will make the decision as to which parent/s is/are best suited to assist with the trials.

**Credit Card payment ✂-----**  
**PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (to be used for amounts of \$10 and over)**

Child's name:	Home group:	Payment for: eg. Camp	Amount

Please charge my:  Bankcard  Visa  Mastercard Amount: \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Name on Card: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ **QKR/Cash / Cheque / Credit Card / CSEF** (please circle)

Signature of Cardholder: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_

