

## **Leonay Public School**

"To do your best"



Buring Ave, Leonay 2750
Email: leonay-p.school@det.nsw.edu.au

Ph: 4735 5999, 4735 5851, Fax: 4735 6373 Website: www.leonay-ps.nsw.edu.au

# Nominations due to Mrs Wallace by Monday 11th February 2019 NO Payment required, please pay on entry to Glenbrook Pool

\*An electronic version of this note will be sent to your email address as provided by you\*

31 January 2019

Dear Parents/Caregivers

#### 2019 School Swimming Carnival-Glenbrook Swimming Pool

On **Thursday 14**<sup>th</sup> **February** we will be having our Swimming Carnival at **Glenbrook Swimming Complex commencing 6.30pm sharp.** 

All children turning 8 years in 2019 (including Year 2 children who can swim 50 metres) to children turning 13 years are able to compete.

<u>The Carnival will involve only students who have nominated for events.</u> Students are asked to return attached nomination form to Mrs Wallace by Monday 11th February.

The cost of pool entry is \$4.50 (competitors) and \$2.30 (spectators). **No payment is required at school. Please pay on pool entry.** 

Parents/guardians are responsible for the transport and supervision of their child/children at all times during the swimming carnival. Please note no other pools will be available for swimming on the night.

Please note that if you are collecting your child from the Swimming Complex during or at the conclusion of the Carnival, they need to be signed out by you or a duly delegated person.

Please note that the Penrith District Swimming Carnival will be held on Thursday 28th March 2019 at Penrith pool. If your child is successful they will be informed ASAP.

Yours sincerely

J Wallace Coordinator C Payne

**Relieving Principal** 



(parent/caregiver)

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# Permission Note and Nomination form due Monday 11th February. No late nominations will be accepted. **2019 School Swimming Carnival** I give permission for my child......to participate in our swimming carnival. I understand that I am responsible for the transportation to and from the event and the supervision of my child/children during the swimming carnival. ..... ..... (date) (parent/caregiver) Nomination Form to be returned no later than Monday 11th February 2019 to Mrs Wallace or your classroom teacher. Child's Name: DOB: \_\_\_\_\_\_ Age (turning in 2019): \_\_\_\_\_\_ Male/Female Sporting House: \_\_\_ Please tick events you wish to nominate for: 100m Freestyle All Age 50m Freestyle 50m Butterfly 50m Breaststroke 50m Backstroke 200m Open Medley Please note: JUNIORS- turn 8,9,10 years old in 2019 11years-turn in 2019 SENIORS- turn 12 or 13 years old in 2019 **Medical Information** Please list below any medical conditions/allergies your child suffers from: Please list any medication (puffer, Epipen etc) that needs to accompany your child on this activity.

(date)