



20 Wimmera Street Harrison ACT 2914 Email: info@harrison.act.edu.au www.harrison.act.edu.au Ph: (02) 6142 2200

Year 2 (8 year olds) – Year 4 Harrison School Swimming Carnival Thursday 22 February 2024

Dear Parents and Carers,

Harrison School will be holding our Year 2 (Year 2 students that are born in 2016 that are 8 years old or turning 8 this year)– Year 4 Swimming Carnival on **Thursday 22 February 2024**, Week 4 Term 1, at Canberra International Sports & Aquatic Centre (CISAC), Bruce. Carnival days are considered a normal school day and all students are expected to attend and participate in this event. There will be no learning program available at school on this day. House points will be awarded for participation and achievement. All students are encouraged to wear their house colours. There will be structured novelty activities for students that do not wish to compete in races. Students do not need to be confident swimmers to attend the Swimming Carnival. Races that will be held on the day include 50 metres and 100 metres in all strokes. If time permits 4 x 50 metre house relays.

There will be no unstructured activities or free time at this carnival.

Students must undertake a swim test on arrival to participate in water-based activities on the day. The swim test is conducted by the lifeguards at CISAC and consists of:

- Slide entry from pool side
- Walk 5 metres.
- o Competently and continuously swim 25m of any stroke (freestyle, breaststroke, backstroke or butterfly)
- \circ $\;$ Tread water for 30 seconds without touching the side or bottom of the pool
- \circ Signal for help hand raised above head with verbal calls and head staying above water
- o Safely exit the pool unassisted

Please Note: Students who cannot complete all aspects of the swim test may only participate in structured activities in water below waist height. Students will receive a coloured band to identify their swimming competency.

Swimming Races: For each age group students will have the opportunity to compete in 50m or 100 m events for each type of stroke. Please note there may be multiple heats per race, as such we are unable to confirm final placement for race on the day. Program will be sent out closer to the date.

Date: Thursday 22 February 2024

Times: Depart Harrison School (Wimmera Avenue) approximately 9:15am, return to Harrison School by 2:30pm

Location: Canberra International Sports & Aquatic Centre (CISAC), 100 Eastern Valley Way, Bruce

Transport: Chartered Bus to and from CISAC, Bruce (Students who would like to compete in the 100m Butterfly or 100m freestyle need to make their own way there by 8:45am)

Cost: \$19.00 (cost includes transport and entry into the pool)

What students need to bring: Appropriate Swimwear, hat, sunscreen, goggles, towel, water bottle, lunch and snacks. It is recommended that your child wears their swimwear underneath their school uniform to school. *Students will not be able to access the cafe at CISAC.*

Notes and money to be returned to Harrison School front office by: Wednesday 14 February 2024 Excursion Risk Assessment: Available at the front office

Regards,

Rebecca Platten and Matthew Bell Primary School Sports Coordinators





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Thursday 22 February 2024

Permission for Aquatic Activities and Event Selection

As a pai	rt of this assessment and to help ensure the	safety of your child, please provide the following						
information:								
1.	Name of Child:							
2.	School Year:							
3.	My child can swim:	No						
		Yes						
4.	Distance my child can confidently swim:							
	10m							
	25m							
	50m							
	100m							
5. I agree to my child taking part in swimming / aquatic activities associated with this excursion.								
Name o	of Parent / Carer: (please print)							
Signatu	re:							
Date:								

Event Selection

Events (Please tick which event your child would like to compete in)

My child:______ In House:______

50m Freestyle 25m Freestyle (not a zone event)	
50m Breaststroke	100m Freestyle (10yrs and over)
50m Butterfly	100m Backstroke (10yrs and over) 8:45am
50m Backstroke	100m Breaststroke (10yrs and over)
Novelty Activities only	100m Butterfly (10yrs and over) 8:45am

Please note: 100m butterfly or freestyle will be held at 8:45am students participating will need to make their own way to CISAC





20 Wimmera Street Harrison ACT 2914 Email: info@harrison.act.edu.au Permission Note www.harrison.act.edu.au Ph: (02) 6142 2200 Year 2 (8 year olds only) – Year 4 Harrison School Swimming Carnival Thursday 22 February 2024

I give permission for my child ______ in Class _____ to attend the Year 2 (8 year olds) – Year 4 Harrison School Swimming Carnival at Canberra International Sports & Aquatic Centre (CISAC), Bruce on Thursday 22 February 2024.

Permission note complete and returned to Harrison School front office: Wednesday 14 February 2024

I agree to my child participating in the activities associated with this excursion. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

Parent	Name	:	

No

No

Yes

Yes

Signature:

Date:

The <u>Medical Information and consent</u> form_only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to this form?

If yes, an updated *Medical Information and Consent Form* is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)? Yes No

If yes, please complete a Medication Authorisation and Administration Record (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

If yes, please provide these details:

Please provide th	e following information:						
Medicare No:	Private He	alth Fund:	Membership No				
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.							
This event is \$19.	00. I am paying the amount of \$	-					
Cash							
EFTPOS at from	t office						
Quickweb via t	he payment tab on our school website.	FEE CODE: Swimming					
necessary for us to man information your child v consent, unless you wou and, where necessary, p	bur personal information and that of your child will b hage student participation in excursions and support to will be unable to participate in the excursion. Normal uld reasonably expect us to use or disclose the inform parents or volunteers assisting with the excursion to a we handle personal information, including how we in the About Us page	the welfare and safety of your ly, we will not use or disclose the nation for a related purpose. N appropriately and effectively m	child. If you do not consent to supply us wit nis information for another purpose, witho ormally we only share information with sch anage the excursion. The Directorate has a	ith this out your hool staff a privacy			