



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

Year 7-10 Aqua Fun Day and Swimming Carnival Wednesday 6 March 2024

Dear Parents and Carers,

Harrison School will be holding our Year 7-10 Aqua Fun Day and Swimming Carnival on Wednesday 6 March 2024 (Week 6) at Big Splash Waterpark, Macquarie. Carnival days are considered **a normal school day** and all students are expected to attend and participate in this event. All Year 7-10 staff will be attending the carnival therefore there is no alternate learning program being offered onsite at school. House points will be awarded accordingly. All students are encouraged to wear their house colours.

Nullarbor = **Red** Katoomba = **Blue**

Wimmera = **Green**

Mapleton = Yellow

Students must undertake a swim test on arrival to participate in the day. The swim test is conducted by the lifeguards at Big Splash Water Park and consists of:

- \circ Slide entry from pool side
- Walk 5 metres
- o Competently swim 25m of freestyle, breaststroke, or butterfly
- o Tread water for 60 seconds
- \circ Signal for help hand raised above head with verbal calls and head staying above water
- Safely exit the pool

Date: Wednesday 6 March 2024

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

Location: Big Splash Waterpark, 2 Catchpole St, Macquarie, ACT

Transport: Chartered Bus to and from Big Splash Waterpark (Students who would like to compete in the 100m events need to make their own way there by 8:45am)

Spectators: Parents and carers are welcome to attend the event as spectators however, Big Splash charge a spectator's fee of \$3.00.

Cost: \$25 (cost includes transport and entry to the pool)

What students need to bring: Swimwear, hat, sunscreen, goggles, towel, water bottle, lunch, snacks, and drinks. There will be a canteen in operation between 11:30am – 1:30pm on the day and students may bring money to spend on the day. However, this arrangement may change at short notice, so students are still encouraged to bring some food and water for the day.

Notes to be returned to Harrison School front office by: Monday 19 February 2024

Excursion Risk Assessment: Available at the front office

Behavioural expectations: Standards of behaviour based on the school's values apply at all camps and excursions. Students deemed to be displaying inappropriate behaviour on excursions or camps will be returned to school. No refund will be available under these circumstances. Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to supervise and manage their behaviour and activities. Parents 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 encouraged to discuss with their children the associated risks of impulsive, wilful, or non-compliant behaviour.

Kind Regards, 7-10 School Sports Coordinators





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Year 7-10 Aqua Fun Day and Swimming Carnival Wednesday 6 March 2024 Permission for Aquatic Activities and Event Selection

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

Event Selection

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

50m Freestyle	200m – 4 x 50m Medley (10yrs and over)
50m Breaststroke	100m Freestyle (10yrs and over)
50m Butterfly	100m Backstroke (10yrs and over)
50m Backstroke	100m Breaststroke (10yrs and over)
Social events and slides	100m Butterfly (10yrs and over)

Please note: 100m events will be held at 8:45am students participating will need to make their own way to Big Splash.





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Year 7-10 Aqua Fun Day and Swimming Carnival Wednesday 6 March 2024 Permission Note

I give permission for my child ______ in SEL Class _____ to attend the Year 7-10 Harrison School Aqua Fun Day and Swimming Carnival at Big Splash on Wednesday 6 March 2024.

Permission note complete and returned to Harrison School front office: Monday 19 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.

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?

Yes No

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 a	iny additioi	hal information y	ou need to pr	ovide to suppo	ort vour ch	ild's particip	ation in th	is excursion?
Yes 🗌		,	·		,			

If yes, please provide these details

Please provide the following information:

Medicare No:		Private Health Fund:		Membership No		
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.						

Name of Parent/Carer: (please print) ______

Signature: ____

Date:__





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Email: info@harrison.act.edu.au www.harrison.act.edu.au Year 7-10 Aqua Fun Day and Swimming Carnival Wednesday 6 March 2024 **Payment Contribution**

Student's name: ______ SEL Class: ______

Parent/Carer name (please print):_____

Signature:_____

Date:_____

This event is \$25. I am paying the amount of \$

Cash

□ EFTPOS at front office

Quickweb via the payment tab on our school website.

FEE CODE: Swimming

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.