Dear Parents,

Your child has been selected to represent Toukley Public School at the Wyong PSSA Zone Swimming Carnival at Mingara One Fitness and Aquatic Centre on **Wednesday 7th March, 2012**.

Your child will participate in the following events:

Could you please return the attached note to school via the office.

**PLACE:** Mingara One Swimming Pool  
**DATE:** Wednesday 7th March, 2012  
**TIMES:** Carnival starts at 9.00am sharp with first marshal at 8.45am and will end at approx 2.30pm. *Everybody will meet at the carnival.*

**COST:** $4.00 per competitor – to be paid prior to the carnival to the school office.

**TRANSPORT:** Private vehicle transport is the responsibility of the child/parent. *We will meet at the carnival.*

**LUNCH:** Canteen facilities will be available, but it is suggested that children provide their own lunch.

**CLOTHING:** Full School Sports uniform – sun safe hats. NO Wyong PSSA shirts. Any students not wearing school colours may be disqualified.

**SPECTATORS:** $2.50 per spectator to be paid on the day to the pool.

We may require assistance from parents to transport some children to and from THE POOL. If you are able to assist with transport, a “Prohibited Persons Declaration” form will need to be filled out, if you have not already done so. Mrs Wilson will also need to sight your car registration papers. Please indicate on the permission note below if you are able to help out with transport.

Whilst at the carnival parents are not to approach officials. Enquiries are to go via the Team Manager.

The accompanying staff is Mrs Pauline MacMillan who is trained in CPR and emergency Care and Mrs Kristie Wagstaff as Team Manager.

Narelle Armour  
PRINCIPAL  

Pauline MacMillan  
ORGANISING TEACHER  
RISK ASSESSMENT: YES – PSSA

I hereby consent to my son/daughter/ward ___________________________ of Class ______ to participate in an excursion approved by the Principal to Mingara One Swimming Pool for the Wyong PSSA Zone Swimming Carnival on **Wednesday 7th March, 2012** and involving travel by private vehicle. I have enclosed the $4.00 fee to pay for use of facilities.

- [ ] I can assist with transport _________ children with seat belts.
- [ ] I can take my child/ren only.
- [ ] My child/ren will require transport  

I give / do not give permission for my child to receive medical treatment in case of emergency.

**SPECIAL NEEDS** of my child which you should be aware of eg. Allergies, medication – please provide full details.

Name ___________________________  
Signature ___________________________  
Date ___________________________