5th February 2014

Dear Parents/Guardians,

Our District Sports Association will be holding its annual swimming carnival on February 28th 2014, for students who will be 9, 10, 11, 12 or 13 years old this year (students in Grades 4-6 only). All events are 50m and will be for boys and girls in Freestyle, Backstroke, Breaststroke and Butterfly (including a 4 x 50m relay - freestyle for each age group and an open medley relay). Only 1 girl & 1 boy will represent the school in each of the strokes for each age group.

To select a team to swim against schools in the Ascot Vale District Swimming Carnival, I am asking you if your child is capable of swimming 50m in one of the strokes (without stopping) and would like to enter. The students cannot enter extra events on the day due to time restrictions & lack of parental permission, so please carefully select all events your child is capable of and would like to do.

The trials will be held on Friday 14th February 2014, from 9.30am to 11.30pm at Ascot Vale Leisure Centre. We will leave school at 9.00am (sharp!) and return by 12.00 noon. We will need parents to assist on the day (walking to & from the pool, marshalling, timing, supervising the change rooms etc). The students will need to bring bathers, goggles and a towel.

Please return the form below by Monday 10th February so we can organise numbers.

Bree White
P.E./SPORTS CO-ORDINATOR

My child ............................................................................................................Rm. No. _______ would be capable of entering the Swimming Sports and is interested in (please circle):

<table>
<thead>
<tr>
<th>Freestyle</th>
<th>Backstroke</th>
<th>Breastroke</th>
<th>Butterfly</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/13 yrs</td>
<td>11 yrs</td>
<td>9/10 yrs</td>
<td>(Age they turn in 2014)</td>
</tr>
</tbody>
</table>

I give permission for my child to walk to the Ascot Vale Pool and take part in the swimming trials on February 14th 2014. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me to my child receiving such medical, surgical or dental treatment as may be deemed necessary.

SIGNATURE OF PARENT: ..................................................................................

I am able to walk on the day YES/NO Name: ..................................................

I am able to assist on the day YES/NO Name: ..................................................

Contact no. for Feb. 14th _________________________________________________