30th January 2015

Dear Parents/Guardians,

Our District Sports Association will be holding its annual swimming carnival on February 25th 2015, for students who will be 9, 10, 11, 12 or 13 years old this year (students in Grades 4-6 only). All events are 50 m and will be for boys and girls in Freestyle, Backstroke, Breaststroke and Butterfly (including a 4 x 50 m. relay-freestyle for each age group and an open medley relay). Only 1 girl and 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 to nominate your child if he/she is capable of swimming 50 metres in one or more of the strokes (without stopping) and would like to enter. The students cannot enter extra events on the day due to time restrictions and 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 13th February 2015, from 9.30 a.m. to 12.30 p.m. at Ascot Vale Leisure Centre. We will leave school at 9.00 a.m. (sharp!) and return by 1:00 p.m. We will need parents to assist on the day (walking to and 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 Friday 6th February, 2015 so we can organise numbers.

Bree White

P.E./SPORTS CO-ORDINATOR

My child………………………………………………………………………would be capable of entering the Swimming Sports and is interested in (please circle):

<table>
<thead>
<tr>
<th>Freestyle</th>
<th>Backstroke</th>
<th>Breaststroke</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 2015)</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 13th 2013. 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_________________________________________