Wednesday 1st February 2017

Dear Parents/Guardians,

Our District Sports Association will be holding its annual swimming carnival on **February 23rd 2017**, for students who will be 9, 10, 11, 12 or 13 years old next 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 **only 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 10th February 2017, from 9.30 a.m. to 12.30 p.m. at Queens Park Outdoor Pool, The Strand, Moonee Ponds VIC 3039. 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 (travelling to and from the pool, marshalling, timing, supervising the change rooms etc). The students will need to bring bathers, goggles, sunscreen, a towel, hat and any snacks to have during the morning.

Please return the form below by **Friday 3rd February, 2017** so we can organise numbers.

Bree White

P.E./SPORTS CO-ORDINATOR

My child....................................................Rm. No. _______ is capable of entering the Swimming Sports and will trial for (please circle event/s and age group):

<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 this year, 2017)</td>
</tr>
</tbody>
</table>

I give permission for my child to attend swimming at Queens Park Pool and take part in the swimming trials on February 10th 2017. 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/CARER:.................................................................

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

Contact no. for Feb. 10th, 2017 __________________________________________