



Dear Parent(s),

Your child has indicated that he/she would like to try out in our **swimming trials** to determine participants in events for the Chelsea/Patterson District Swimming Sports, which will be held on Friday 2<sup>nd</sup> March at the Pines Swimming Pool. It is important that we conduct competitive swimming trials to ascertain that children can competently swim 50 metres to appropriately place them in events and maximise participation.

These **SWIMMING TRIALS** will be held:

- **At Toby Haenen Swim Centre, 10 Ashliegh Park Dr., Chelsea Heights**
- **On Thursday 8<sup>th</sup> Feb 2018**
- **From 11:30am- 1:30pm**
- **Travel will be by BUS**
- **BUS cost will be covered by Farmers' Market funds.**
- **A \$5 admission fee is required per child for entry into the pool.**

If you believe that your child can competently/competitively swim 50 metres in freestyle, backstroke, breast stroke or butterfly and you would like them to participate in the trials, please discuss with them the events in which they are best suited, then complete and sign the attached permission form and return it with the \$5 to your child's teacher by Tuesday 6<sup>th</sup> Feb.

**Late notices cannot be accepted.**

Your child will need to bring:

- A drink bottle
- Suitable bathers- please try to find an alternative to baggy board shorts.
- Swimming cap and goggles

Yours faithfully,

Corey McCormack.

**BONBEACH PS SWIMMING TRIALS**

I give permission for my child \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_  
to compete in the Bonbeach PS swimming trials at Toby Haenen Swim Centre on Thursday 8<sup>th</sup>  
February 2018.

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- 1.Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
2. Administer first aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent or Guardian: \_\_\_\_\_

Emergency Contact Person (print name) \_\_\_\_\_

Emergency Contact No.: \_\_\_\_\_ Date: / /

My child is best suited to trial swim in the following 50m events (please circle):

FREESTYLE                      BACKSTROKE                      BREASTROKE                      BUTTERFLY