SEASIDE DISTRICT SWIMMING SPORTS

The Seaside District Swimming Sports will be held on Thursday February 28th, 2013 at the Melbourne Sports & Aquatic Centre, Aughtie Drive, Albert Park. Melway Ref: 2K D 7.

The sports will commence at 1.00pm and aim to conclude at 3.00pm, returning to Beaumaris by approximately 3.30 pm. If you would like to take your child home at the conclusion of the Swimming Carnival please make sure you have notified one of the teachers in attendance or me if you know prior to the event.

**Children from Beaumaris will travel to the pool by bus and will leave school at 11.45 am.**

Winners of events will qualify to participate in the Zone Championships. Further information will be provided to children who qualify.

Parents are warmly invited to come and watch, but all spectators must keep away from the pool deck area.

Children who are emergencies for events are welcome to attend the sports but will not be swimming unless the person chosen to contest the event is absent. Emergencies should bring their bathers and towel in case they are required to swim.

Children should bring a drink bottle (water only) and a snack for after their event.

*All children are asked to compete in an appropriate ‘racing’ swimsuit and we will supply a yellow swimming cap.*

*Parents are asked to complete the permission slip below and return it to their child's classroom teacher on or before Monday 25th February.*

*The program of events will be on the Beaumaris Primary School website, www.beaups.vic.edu.au.*

Please contact us at school if you require any further information.

Samantha Robinson and Ross Bailey
PE & Sport Coordinator

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Please complete and return to School:

I consent to my child…………………………………..taking part in the Seaside District Swimming Sports at the Melbourne Sports & Aquatic Centre on Thursday February 28th 2013.

**CONSENT TO MEDICAL ATTENTION**

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:

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

Signature of Parent/Guardian:………………………………….. Date:……………………………..

Contact Phone No. …………………………………..