Thursday 26th February 2015

Dear Parents and Carers,

Your child has been selected to represent our school at the Sutherland Zone Swimming Carnival to be held on **Thursday 5th March, 2015** at Engadine Leisure Centre.

The carnival will begin with marshalling of relays at 8.55am for a 9.00am start. Students need to meet Mrs Simula at the pool entrance no later than 8.35am. No child will enter the water before the races begin.

Children are to wear their school sports uniform and hat. As it is an outside carnival, children are reminded to have adequate sun protection.

We request that you transport your child to and from the venue. If this is not possible alternative arrangements will be made. If you are able to assist in transporting other children to and from Engadine Leisure Centre please ensure you have completed the Working with Children Check at the school office. You will need 100 points of identification.

Participation and entrance fee for the zone carnival is $5.00 and is payable to the school. Spectator admission is $1.90 and is payable at the pool. Programs will be available on the day for 50c.

Please complete the note below and return it along with payment by **Monday 2nd March, 2015** to the office.

Lauren Coggan  
**Sports Coordinator**

Karen Simula  
**Relieving Principal**
**Sutherland Zone Swimming Carnival 2015**

I give permission for my child __________________________ of class _________ to attend the Sutherland Zone Swimming Carnival on **Thursday, 5th March** at Engadine Leisure Centre.

☐ I am able to transport my child to and from the Engadine Leisure Centre.

☐ I will need assistance to transport my child to and from the Engadine Leisure Centre.

☐ I am able to transport, with seatbelts, ________ children, including my own, to and from the Engadine Leisure Centre.

Medical Conditions: ____________________________________________________________

Parent Signature: _____________________________ Date: __________________

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**Authority for a Parent to Transport Students.**

Parent Name: __________________________________________________________

Driver License Number: ________________________________________________

☐ I have full Comprehensive Car Insurance.

Working with Children Check completed at school office:  ☐ Yes  ☐ No

Signed: _____________________________ Date: __________________

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**Credit Card Payment**

Activity……………………………………………………………………………………………………………………

Student’s Name/s…………………………………………………………………………………………………………

Cardholder’ Name……………………………………………………………………………………………………(print only)

Card Number  _ _ _ _   _ _ _ _   _ _ _ _   _ _ _ _

Expiry Date  _ _ / _ _   CCV (Back of Card)  _ _ _ _  Amount $_______________________

Cardholder’s Signature………………………… Contact No……………………… Date………………