**Torrens Primary School** Ritchie Street TORRENS A.C.T. 2607

6142 0777 admin@torrensps.act.edu.au www.torrensps.act.edu.au

**Excursion:**  2024 Torrens Primary School Swimming Carnival - Years 2 to 6 - Lakeside Leisure Centre (Tuggeranong Pool), Cnr Anketell St and Athlon Dr, Tuggeranong

**Anticipated group size:** 25 staff; 279 students **Staff/Student ratio:** 1:12

**Date(s) & Time(s):** Wednesday 6 March 2024 (Week 6) - 9.30am to 2.15pm

**Transport arrangements:** ACTION Buses -Buses will leave pool promptly at 2pm to return to school

**Cost: $ 17** *The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or carers can confidentially discuss support to meet the cost of the excursion with the Principal.*

**Permission, event entry and payment due:** Friday 1 March 2024 (Week 5)

*-------------------------------------------------------------------------------------------------------------------------------*

**Purpose of excursion and activities:** to provide a range of aquatic activities to enable all children to participate safely and build school spirit. Formal races across a range of distances in Freestyle, Backstroke, Breaststroke and Butterfly provide a platform for students to demonstrate their swimming prowess and earn the right to represent Torrens Primary School at District level. Structured novelty events are designed to support students to develop their swimming ability in a fun and safe environment and provide opportunities to earn points for their houses.

In accordance with Directorate procedures students are required to complete the following steps of the Survival Challenge Proficiency Test to be eligible to enter formal races:

* + 1. Perform a slide in entry and walk through 5m of water.
		2. Swim continuously for 25m with an action that resembles a stroke.
		3. Perform survival skull, float or tread water for one minute in deep water and exit water unaided.
		4. Perform a voice rescue to a buddy who is pretending to be in trouble in the water.

**Contingency (e.g. in case of wet weather):** The swimming carnival will proceed in wet weather

**What to pack, bring, wear:** House Colours may be worn at the pool, students should bring recess, lunch and a full water bottle, appropriate footwear for walking on wet surfaces. Turn over the page for more important information regarding the day.

**Staff who will be in attendance:** First aid-trainedclassroom teachers, LSAs and Executive teachers.

**Behavioural expectations:** *Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

**Excursion Risk Assessment:** Available to view at front office on request.

**Important:** Complete the attached permission, event entry (online preferred) and make payment by the due date.

***Turn over for more information about the day***

**Additional Torrens Primary School 2024 Swimming Carnival Information**

* Students need to wear their swimmers underneath their school uniform to the pool. **Underwear and a towel will need to be packed** as well as a plastic bag for wet items. All items should be named.
* All medication required on the day is to be clearly labelled and lodged with appropriate Action Plans at the Front Office prior to Carnival day. This will be sent to the pool for use by the First Aid Officer, if required.
* Please provide your child with extra food and drink for the day. The pool canteen will be open for purchase of drinks, ice cream etc.
* Places in swimming events will be awarded on heat times as there will be no finals.
* Each place getter in the formal races will earn points towards their age championship, and a champion boy and girl will be named for Junior (8 & 9yrs), Intermediate (10 & 11yrs) and Senior (12&13yrs). Points allocation: 1st - 10 pts; 2nd - 8 pts; 3rd - 6 pts; 4th- 4 pts (50m events, 100m Free). All swimmers also receive one point for each race they enter.
* Ribbons will be awarded for individual age groups in the 10 & Under form stroke events.
* Tuggeranong Regional Carnival - swimmers will be eligible to swim seven events. As we are not offering 100m form strokes or Individual Medley (IM) races at our carnival, those wishing to enter these events at Regional will need to speak directly to Mr Hughes by Friday 1 March 2024. *Please note -you will need to provide time details from approved swimming clubs/organisations*.
* If you would like to volunteer your assistance on the day of the carnival, please contact the Front Office to register on 6142 0777. You will also need to complete Volunteer paperwork at that time.
* Buses returning to school from the pool will be leaving Lakeside Leisure Centre promptly at 2pm. If you are collecting your child from the pool at the end of the carnival you need to let their teacher know so that they can be accounted for on the roll.

Please direct any questions about the day or entry requirements to ***Justin Hughes – PE Teacher and Carnival Coordinator***

**Torrens Primary School** Ritchie Street TORRENS A.C.T. 2607

 6124 0777 admin@torrensps.act.edu.au www.torrensps.act.edu.au

**2024 TPS Swimming Carnival - Permission Form**

I give permission for my child to attend the 2024 Torrens Primary School Swimming Carnival at Lakeside Leisure Centre, Tuggeranong on Wednesday 6 March 2024 (Week 6); travelling by bus to and from the event.

*I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.*

*I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

*(please tick √ one)*

* My child will attend the Carnival, but they will **NOT** be swimming.

***OR***

* I give permission for my child to **swim** in the carnival in the following:

*(please tick √ one and complete the Directorate-required statement)***:**

* + - **Competitive races -** this may include Novelty events, depending on race schedule. Please also complete the entry form for competitive swimmers attached.

***OR***

* + - **Novelty events only.**

|  |
| --- |
| **Directorate-required statement:** |
| *This information will assist to provide a safe environment for your child's participation in* |
| *swimming/aquatic activities.* |
|  |
| * Please describe in detail your child's swimming ability, e.g. water confidence, swimming strength, distance (swimming continuously) and ability to float/tread water.
 |
|  |
| * Please list any special requirements necessary for your child to participate in swimming/aquatic activities.
 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| * I agree to my child taking part in swimming/aquatic activities associated with this carnival.
 |
|  |
|  |

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class: \_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent /Carer (Please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_\_***

***Turn over to complete medical and payment details.***

**Torrens Primary School** Ritchie Street TORRENS A.C.T. 2607

 6124 0777 admin@torrensps.act.edu.au www.torrensps.act.edu.au

**2024 TPS Swimming Carnival - Permission Form** Cont’d

**Medical information**

Tick (√) or Cross (x) and complete all that apply:

□ I have previously completed the **2024 Medical Information and Consent Form** for my child.

□ My child’s medical information has changed since completing the 2024 Medical Information and Consent Form. **(If you have ticked this box, please update this form with the Front Office prior to the carnival).**

□ My child requires medication to be administered during the carnival (e.g. antihistamine, pain relief). I have completed a **Medication Authorisation and Administration Record** with the Front Office.

**□ In case of an emergency during the carnival:**

 Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medicare No: |  | Private Health Fund No: |  | Membership No: |  |
| Ambulance Fund: NOTE, Parents are responsible for ambulance costs outside the ACT. |  |

**Payment details Cost: $17**

□ On-line ([www.torrensps.act.edu.au/payment](http://www.torrensps.act.edu.au/payment)) Receipt No. \_\_\_\_\_\_\_

□ EFTPOS - date paid at front office \_\_/\_\_/\_\_

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU). This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate’s website (www.det.act.gov.au) on the About Us page.

**Torrens Primary School** Ritchie Street TORRENS A.C.T. 2607

 6124 0777 admin@torrensps.act.edu.au www.torrensps.act.edu.au

**TPS 2024 Swimming Carnival Entry Form - for competitive swimmers**

You only need to complete an Online Entry form if you have ticked that your child is swimming in competitive events at the carnival.

**CHILD’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) **CLASS:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER:** Male/Female (circle) **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **HOUSE:** \_\_\_\_\_\_\_\_\_\_\_\_

*(please tick √ one)*

□ I have completed an **Online Entry** for my child – *this is the preferred method of entry for this year’s carnival.*

□ I will complete a paper entry collected from the front office.

**Online Entry**

Complete an online entry form by scanning the QR code below:

 

***OR*** Access the online form via the following links:

<https://forms.gle/oRfc7nP7kRLhPdXR8>

**Paper Entry**

Please collect from the front office

***Please return this form together with your permission, medical and payment by the due date.***