

Cambridge Gardens Public School

innovation, excellence and connections

TWILIGHT SWIMMING CARNIVAL 2018

30 January 2018

Dear Parents / Caregivers,

This letter is to provide you with information regarding the **Twilight Swimming Carnival**, details of which are outlined below.

| | |
|-----------------------------------|--|
| Date: | Tuesday 6th February 2018 |
| Educational Rationale: | PDHPE GSS2.8 Participates and uses equipment in a variety of games and modified sports PDHPE GSS3.8 Applies movement skills in games and sports that require communication, cooperation, decision making and observation of rules |
| Excursion to: | Penrith Ripples, 119 Station St, Penrith |
| Venue's contact details: | 02 4721 3625 |
| Classes attending: | Students turning 8 years of age or older in 2018 who nominate themselves for the Carnival |
| Start Time: | 7:00 pm |
| Finish Time: | 9:00 pm |
| Organising Teacher: | Mr James Kristof |
| Supervision: | Cambridge Gardens Public School staff members will be running the carnival. Parents and Caregivers are to stay and supervise their own children at all times when not competing in a race. |
| Transport: | Parents/Caregivers are responsible for the transportation of their child to and from the pool |
| Cost of entry to the pool: | \$4.50 for competitors. \$3.00 for spectators. |
| Payment: | Payment is made by parents/caregivers to the pool upon arrival. |
| Specific Requirements: | Students are invited to attend if they can swim 50 metres of freestyle, backstroke, breaststroke or butterfly with confidence. |
| Return this note by: | Friday 2nd February 2018 |
| Special Note: | Any enquiries should be directed to Mr Kristof. |



34 Trinity Drive
CAMBRIDGE PARK NSW 2747
T: 02 4730 1201
F: 02 4729 1385

email: cambridgeg-p.school@det.nsw.edu.au
www.cambridgeg-p.school.det.nsw.edu.au
Principal: Adam Wynn

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All permission notes and race nomination forms to the front office please

Permission Note — Twilight Swimming Carnival 2018

I give permission for my child _____ of class _____ to attend the **Twilight Swimming Carnival 2018 at Penrith Ripples on Tuesday 6th Febraury 2018.**

I understand that I will be responsible for transportation of my child to and from the pool and that I am responsible for supervision of my child at the pool whilst they are not competing.

Please advise of any changes to the medical details the school has on file and any allergies or conditions that may affect your child on the day.

Parent Sign: _____

Date: _____

Race Nomination Form

My child can swim competently in the following events. Please tick the relevant events.

- 50m freestyle _____
- 50m backstroke _____
- 50m breaststroke _____
- 50m butterfly _____
- 100m freestyle _____
- 200m medley _____

Please sign and return this permission note and race nomination form to the office no later than **Friday 2nd February 2018.**

Kind Regards,
Mr James Kristof
Swimming Carnival Co-ordinator

Mr Adam Wynn
Principal



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