Cambridge Gardens Public School

Innovation, Excellence, Connections & Fun

TWILIGHT SWIMMING CARNIVAL 2020

28 January 2020

Dear Parents / Caregivers,

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

Date: Thursday 6th February 2020

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 2020 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: Monday 3rd February 2020

Special Note: Races start at 7:00 so we encourage you to arrive at the pool prior to

7:00 to ensure that you do not miss any events. All lanes will be used for races in this year's carnival. Any enquiries should be directed to

Mr Kristof.



Cambridge Gardens Public School

Innovation, Excellence, Connections & Fun

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

	Permission Note — Twilight Swimming Carnival 2020		
		of class to attend the at Penrith Ripples on Thursday 6th February 2020.	
	·	ble for transportation of my child to and from the pool and that I am	
	responsible for supervision of my o	hild at the pool whilst they are not competing.	
	Please advise of any changes to the	e medical details the school has on file and any allergies or conditions	
	that may affect your child on the d	ay.	
	Parent Sign:	Date:	
My ch	Race Nomination Form hild can swim competently in the fol	lowing events. Please tick the relevant events.	
0	50m freestyle		
0	50m backstroke		
0	50m breaststroke		
0	50m butterfly		
0	100m freestyle		
0	200m medley		
	Please sign and return this permiss 3rd February 2020.	ion note and race nomination form to the office no later than Monda	y
	Kind Regards,		
	Mr James Kristof Swimming Carnival Co-ordinator	Mr Adam Wynn Principal	