SPORTS CARNIVAL PERMISSION 2015

Burwood Girls High School students will be taking part in 3 Sports Carnivals in 2015: Swimming, Cross-Country and Athletics. To make it easier for parents/carers and teachers alike, a general permission note has been designed to give your daughter permission to attend and participate at these carnivals.

Please ensure that you fill out all details on the attached permission note.

The carnival dates for 2015 are:

**Swimming Carnival - Wednesday 11th February 2015 - Ashfield Pool, Croydon**

**Cross-Country – Thursday 12th March 2015 – Blair Park, Croydon**

**Athletics Carnival – Thursday 7th May 2015 - Sydney Athletics Centre, Homebush**

More information will be provided closer to the dates of the carnivals and the students will be involved in Sport House meetings at school as well.

**The permission note below MUST be returned to your daughter’s ROLL CALL teacher by Monday 9th February 2015.**

If there are any problems please do not hesitate to contact Ms Gianotti on 97473355.

Ms Gianotti
Carnivals Coordinator
28 January 2015

Ms O’Brien
Deputy Principal
BGHS Carnivals Permission Note 2015

(Return to Roll Call teacher by Monday 9th February.)

I hereby consent to (full name)__________________________________________________________
of Year_____ and Sport House_________________________ participating at the Annual Carnivals:

• Swimming – Wednesday 11th February 2015 - Ashfield Pool, Croydon
• Cross-Country – Thursday 12th March 2015 – Blair Park, Croydon
• Athletics – Thursday 7th May 2015 - Sydney Athletics Centre, Homebush.

I am aware that my child will be making her own travel arrangements to and from the carnival venues.

I advise that my child is a (please circle one):

1. **Non-Swimmer:** My child is unable to swim.
2. **Weak Swimmer:** My child is comfortable and confident in shallow water but cannot swim very well.
3. **Average Swimmer:** My child is a reasonable swimmer but is not very strong or confident in deep water.
4. **Strong Swimmer:** My child is a strong swimmer and is very confident in deep water.

I advise that my child requires a flotation device while in the water:  YES / NO

I give permission for my child to receive medical treatment in case of an emergency:  YES / NO

Any medical conditions______________________________________________________________

________________________________________________________________________________

Print parent’s name______________________________________________________________

Parent’s signature_________________________________________________________ Date________

Daytime Contact No.______________________________________________________________