TWILIGHT SWIMMING CARNIVAL  
Tuesday 15th March  
Expression of Interest

Dear Parents,

The annual Twilight Swimming Carnival is fast approaching. The carnival is open to students from Years 4-6 who have achieved level 5 as a minimum or equivalent (State Swim etc). We are asking students to nominate for the events they would like to participate in.

Each House will also be vying for the House Swimming Challenge – a competition for total number of laps - where each swimmer in every event accumulates laps for their House. The House that swims the greatest number of laps will score bonus points for the overall competition. The carnival will also be used as a selection trial for our Interschool Swimming Carnival at the end of term.

DATE - Tuesday 15th March 2016  
LOCATION - Aqua Jetty, 87 Warnbro Sound Ave, Warnbro  
TIMES - All competitors and spectators will meet outside the side gates at 5:30pm  
- The first race will start at 6:00pm  
All races and presentations will be finished by 8pm  
COST - Competitors - $2.50  
Spectators - gold coin  
*All entry charges will be paid on the night  
EQUIPMENT - Students are asked to wear their House OR regular school shirt and their school jumper  
- Bathers, goggles, towel etc for the competition  
FOOD - A sausage sizzle will be available on the night  
$2.50 sausage sizzle $1.50 water

To help us in our planning we would like you to fill out the following information and return it by Wednesday 8th March. Confirmation of the events will be forwarded closer to the carnival.

Thank you

Craig Lewington  
P.E Specialist

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Student Name: ____________________________  Room: _________

House: _________ Year: _________ Current Swimming Level: _________

My child would like to nominate to swim in the following events: (Students can choose more than one event)

INDIVIDUAL EVENTS (Please tick)
☐ 50m Freestyle  ☐ 50m Backstroke  ☐ 50m Breaststroke

RELAY EVENT
☐ 50m Freestyle Relay

☐ I understand that I am responsible for arranging transport for my child to and from Aqua Jetty and am aware that I will need to supervise or arrange adequate supervision for my child while they are attending the swimming carnival.

☐ I have made the school aware of any medical conditions affecting my child and confirm that the emergency contact details provided to the school are up to date.

Parent Guardian Name: ____________________________  Date: _________

Parent/Guardian Signature: ____________________________