



**ACT**  
Government

Education and Training

# Chapman Primary School

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*“Achieving Excellence Together”*

## 2018 Chapman Swimming Carnival

Thursday 8<sup>th</sup> March

Dear Parents and Carers,

The following details relate to an educational excursion to the Canberra International Sports & Aquatic Centre (CISAC) which will be the venue for this year's school swimming carnival. The teacher in charge of this event will be Rob Day.

### **IMPORTANT INFORMATION:**

- Event:** Chapman Primary Swimming Carnival  
**Venue:** CISAC Belconnen  
**Date:** Thursday 8<sup>th</sup> March  
**Time:** 9.15am to 2.45pm  
**Transport:** ACTION buses  
**Cost:** **\$14.00** Online Code: Carn 18 (Includes pool entry, waterslide and bus travel)  
**Food:** Bring lunch, recess and adequate drinks. A canteen will be operating on the day.  
**Clothing:** Warm clothing, swimmers, towel and a change of clothes

### **Additional Information**

***This year, new students and Year 2 students swimming ability will be tested as soon as they arrive at the pool and they will then receive their coloured band to be worn all day. We will again be competing in a 25m pool.***

### **Safety/Emergency procedures**

If needed, the school can be contacted at CISAC. In an emergency the school has access to all pool facilities and the appropriate emergency services. It is important that staff are aware of your child's swimming ability prior to the event. Please ensure you carefully complete the attached permission note indicating your child's swimming ability and that you have returned the Excursion Medical & Consent form that was sent out earlier this term. This form is available on our school website.

[www.chapmanps.act.edu.au](http://www.chapmanps.act.edu.au)

**N.B All permission notes must be returned by Friday 2<sup>nd</sup> March or children will not be able to attend the swimming carnival.**

As this is a whole school event for years 2-6 there will be no alternate program at school for non-attendees in Yrs 2-6.

Kind Regards,  
Anne Simpson

*School Principal*

# Chapman Primary School Swimming Carnival

## Permission for Swimming Carnival Activities – return completed by Friday 2<sup>nd</sup> March

Teachers are required with support of parents to know the swimming ability of every child they take on an excursion where there is water for swimming or aquatic activities. To help us ensure that your child only participates in suitable water activities and to keep them safe please complete the following:

1. **Name of Child:** \_\_\_\_\_

2. **School Year:** \_\_\_\_\_

3. **My child can swim:**  No  Yes

4. **Distance my child can confidently swim:**

10m  25m  50m  100m

5. **I agree to my child participating in swimming races.**  No  Yes  
**(Must be able to swim 50m to enter a race)**

Questions below will assist in grouping the students for these activities.

### Please note

A proficient swimmer can:

- Perform a slide-in-entry and walk through 5 metres of water with acceptable stability and coordination.
- Swim continuously for 25 metres using an action that resembles a stroke.
- Perform survival scull, float or tread water for 1 minute in deep water. Call for help once within the minute
- Exit water unassisted.
- Perform a voice rescue to a buddy who is pretending to be in trouble. Reassure the victim and encourage them to a point of safety. Call for assistance.

Students who cannot complete all those steps may only participate in structured activities in water below waist height or structured activities.

6. **My child is a proficient swimmer, I wish for him/her to participate in structured aquatic activities.**

7. **My child is not a proficient swimmer. I wish for him/her to participate in the structured activities only in the beach entry pool.**

8. **For the carnival to be successful we require a number of volunteers. If you are able to assist on the day please indicate.**

No

Yes

**Please note during the day all students will participate in structured aquatic activities. Free swimming will not take place during the day. Students will be able to enter as many events as they like on the day of the carnival.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Chapman Primary School Swimming Carnival 2018

Permission Note (this note must be completed and returned by Friday 2<sup>nd</sup> March)

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Chapman Primary School Swimming Carnival at CISAC on Thursday 8<sup>th</sup> March travelling by bus.

I enclose \$14.00 (Please pay by Friday 2<sup>nd</sup> March)

Online Payment: **Carn 18**

## **Arrangements for Non-Proficient Swimmers, Code of Conduct and Parental Agreements:**

*An area for supervision and conduct of activities for non-proficient swimmers will be identified and designated at the pool venue. When non- proficient students enter the water for activities they will be supervised by school staff within the pool in small groups with a maximum ratio of 1:10.*

*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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.*

*Parents should be aware that staff members 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.*

*I agree to my child participating in the swimming/aquatic activities mentioned previously. I have discussed with my child the need for sensible 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's attending this event.*

*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. I agree to provide any relevant medical information to the school to the excursion.*

Name of Parent / Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education and Training Directorate.