



KINGSWOOD SOUTH PUBLIC SCHOOL

STRIVING FOR EXCELLENCE

Be Safe

Be Respectful

Be a Learner

Thursday 6th February, 2025

Annual Swimming Carnival Years 2 – 6

Dear Parents and Carers,

Our Annual Swimming Carnival is on Friday 21st February, 2025. It will be held at Glenbrook Swim Centre, Cnr Fletcher and Wascoe Streets, Glenbrook.

This event will be for competitive swimmers only.
Students must turn 8 in 2025 to be eligible to compete.
Swimmers must be able to confidently swim at least 50m.

Students are to be transported by their parent/carer to the swimming pool and supervised at the pool until their races are completed at which time they must be transported from the pool by their parent/carer. Students and their parent/carer are to meet Mrs Tye at the swimming pool at 9am. It is expected that races will be completed by approximately 11am.

In accordance with our discipline policy, if your child is on Orange Level, he / she will not be able to attend.

Students will need to bring their hat, drink bottle, sunscreen and any health needs such as asthma puffers or epipens with them to the pool.

Please permit via the Sentral Parent Portal or alternatively fill out the permission slip below and return to Mrs Tye before Wednesday 19th February 2025.

Parents will need to pay for pool entry on the day. The current prices are \$4.50 per student and \$2.30 for spectators.

Personal injury statement

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region, state school sport associations when deciding whether additional insurance cover is required prior to their child's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or loss of the use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/3gref>



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Further information regarding student accident insurance and private health cover is provided at:

<https://app.education.nsw.gov.au/sport/file/1449>

Students who have a disability and have completed the relevant classification process may be entitled to swim in a multi-class event at Zone level. All swimmers need to prove they have an eligible classification prior to entering any multi-class events. If your child has a classification, please share this information with the school prior to attending the carnival.

Ms S Martin
Principal

Mrs E Tye
Excursion Coordinator

Annual Swimming Carnival - Years 2 - 6

I hereby consent to my son / daughter: _____ of class: _____
with the DATE OF BIRTH of _____ to attend the **Competitors
only Swimming Carnival on Friday 21st February 2025 held at Glenbrook Swim Centre.**

I understand that I am responsible for the transport of my child to and from the pool and for supervising my child whilst at the carnival.

I declare that my child is a competent swimmer and is able to swim at least 50 metres unaided.

My child is turning 8 or older in 2025.

NSW Department of Education Consent Statement: I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Please tick this box to confirm that you have read the below concussion acknowledgment.

If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during a school activity, they will be removed from the activity and medical follow-up recommended.

Parent/Carer Signature: _____

Date: / /