

## To Strive is to Achieve

6th March, 2020

## SYDNEY EAST REGIONAL SWIMMING CARNIVAL

Congratulations on your recent performance in the Port Hacking Zone Swimming Championships. You have now been selected to compete at the Sydney East Regional Swimming Championships to be held on Tuesday, 17<sup>th</sup> March 2020.

Tuesday, 17th March, 2020 Date:

Venue: Sydney Olympic Park Aquatic Centre, Homebush.

Start: 8:00am (warm up from 7:30 am)

Cost: \$6.00, payable on entry.

Travel: Students to make their own way to and from the carnival.

Dress: Students must wear Port Hacking High School sports uniform to the Regional carnival

Incidentals: Students should bring their own lunch and drinks, hat, sunscreen, swimming attire and towel.

Organisation:

- On arrival at the carnival, students must report to the Zone Convener.
- Competitors must wear a Port Hacking Zone swim cap for individual events. Caps can be purchased on the day for \$5.00.
- Relay competitors must wear a Port Hacking High School (Red) swim cap for their event. Caps can be collected from the PE staffroom prior to carnival or from a teacher at the carnival,
- Programs will be available at the carnival for \$3.00.
- PHHS teachers in attendance at these championships will be Mr Barlow and/or Mr Redrup.

Please complete the permission note attached and return to Mr Barlow as soon as possible. No student will be permitted to attend or compete in this activity without a signed permission note.

S Barlow B Hugo

Principal Representative Sports Coordinator









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Please return this permission note to Mr Barlow ASAP

## **PERMISSION NOTE** SYDNEY EAST REGIONAL SWIMMING CARNIVAL TUESDAY, 17<sup>TH</sup> MARCH 2020

l give permission for my son/daughter , F East Regional swimming carnival at Sydney Olympic Park Aquatic Centre, Homebush		to attend the Sydney 17 <sup>th</sup> March, 2020
I have read the information provided in relation to this activity and I understand, and g to participate in water activities.	ive permissio	n for, my son/daughter
confirm that my son/daughter is confident in the water and is a strong swimmer.		
l understand and agree that my son/daughter is responsible for making their own wa	ay to and fror	m the venue.
My son/daughter has the following special needs (please provide full details and include any r	elevant medical	details).
My son/daughter is anaphylactic YES NO		
In an emergency it could be necessary to obtain medical advice or hospitalisation.		
At all times it is understood that teaching staff will try to contact one of the parent's pyour child is paramount and medical decisions will be made only in consultation with responsible for all costs for these actions and will reimburse any PHHS staff who incu	a medical pro	actitioner. Parents are
Student name: Medicare No:		Expiry:
Private Health cover: Y/N Fund Name:	M'ship N	lo:
Parent or caregiver contact details		
Name:		
Home phone: Work:	Mobile:	
Doctor contact details		
Doctor's Name:	Phone:	
Emergency contact details (nominated by the parent or caregiver	as alternat	te contact)
1. Name:	Phone:	
2. Name:	Phone:	





Parent/Caregiver Signature : .....