

Mukinbudin District High School

An Independent Public School

A: White Street, Mukinbudin, WA 6479 | P: 90471053
E: Mukinbudin.DHS@education.wa.edu.au



DISA SWIMMING CARNIVAL

INFORMATION FORM FOR PARENT/GUARDIAN (to be retained by Parent/Guardian)

Dear Parent/Guardian,

As you may be aware from last year, DISA has now been changed meaning that all students will be given the opportunity to attend the Swimming and Athletics carnivals this year. I am pleased to provide you with the following details regarding the Practice Swimming excursion held at Mukinbudin Memorial Swimming Pool on Thursday 20th February.

AND

The following details for the DISA Swimming Carnival which will be held at the Trayning Aquatic Centre for Pre-Primary – Year 6 students.

DATES: **Practice Swimming - Thursday 20th March, 2020**
 DISA Swimming Carnival - Friday 6th March, 2020

COST: Entrance fee into the Trayning Aquatic Centre is **FREE** due to refurbishments of the canteen.

LUNCH (Swimming Carnival only):

There will be lunch orders on this day. Forms will be sent out at a later date.
Families must take their own snacks.

TRANSPORT ARRANGEMENTS:

The students will be walking to the pool for the swimming practice.
No buses will be provided for the carnival day, you will need to arrange transport for your child.
Please indicate on the consent form your transport arrangements for the day.

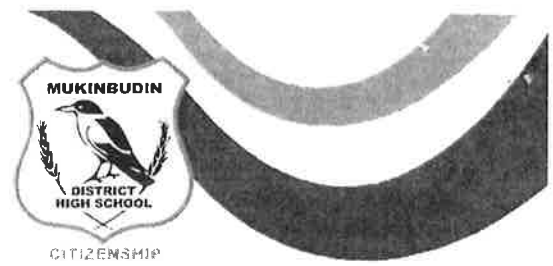
ITINERARY

- Students need to be in the school bay by 8:45am
- Schools assemble at 9:00am
- Carnival to start at 9:15am
- The day is scheduled to finish at approximately 2:30pm

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SUPERVISION TO BE PROVIDED:

Rebecca Clarke (Health & Physical Education Teacher)
Zoe Bolt (Year 5/6 Teacher)
Katie Rice (Year 3/4 Teacher)
Kari Lamond/Adrienne Whyte (1/2 Teacher)
Kate Johnson (Pre- Primary Teacher)

STAFF ACTION IN CASE OF ACCIDENT OR ILLNESS ON THE EXCURSION

Parents will be contacted by mobile phone and children transported to medical attention if required.

SPECIAL ITEMS / CLOTHING REQUIRED

School sports uniform, bathers, towel, hat, sunscreen, water, lunch (if not ordered) and snacks.

Medical Information & Consent Forms

Please find attached the excursion consent form, which must be completed and signed for your child to compete. However, if any medical information has changed please provide details in the space allocated on the consent form.

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment of students.

Should you have any queries please do not hesitate to contact me, the teacher in charge of the excursion, on 9047 1053, during school hours.

Please retain this Information Form for your records but return the accompanying consent form to the classroom teacher by **Monday 17th February, 2020**

Yours sincerely,

Rebecca Clarke
Health & Physical Education Teacher
10 February 2020

Please note that:

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. Parents/guardians 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.

In the case of an excursion not involving an overnight stay, costs incurred as a result of accident or illness is the responsibility of the parent/guardian.

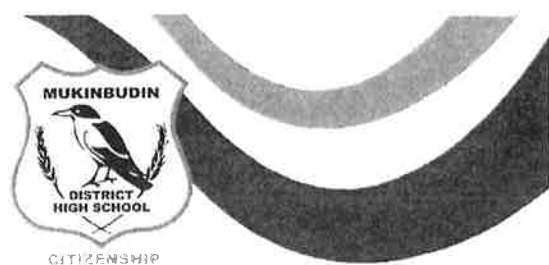
The school camp/excursions insurance policy applies for approved camps/excursions involving an overnight stay. The policy covers students to a maximum of \$50,000 for medical and ancillary expenses where Medicare or private insurance does not cover these costs.

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CONSENT FORM FOR Practice Swimming and DISA Interschool Swimming Carnival

TO BE RETURNED TO SCHOOL BY Monday, 17th February 2020

CONTACT INFORMATION

Home	Work	Mobile
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Other

I have read and understood the information regarding the Practice Swimming excursion held at Mukinbudin Memorial Swimming Pool on Thursday 20th February

AND

I have read and understood the information regarding the DISA Interschool Swimming Carnival excursion held at Trayning Aquatic Centre on Friday, March 6th and give my consent for my son/daughter _____ to attend.

Please place a tick in the transport arrangements relevant to your child/ren for the DISA Swimming Carnival.

I will be driving my child/ren to and from the carnival in Trayning

My child/ren will be going with _____ to the Carnival.

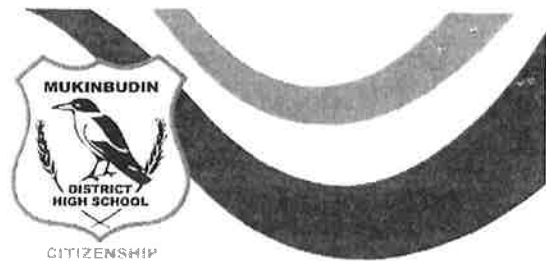
Other: Please explain _____

Signature of Parent/Guardian _____ **Date:** _____

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The following details have changed from those recorded on my child's Health Information Form:

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DISA SWIMMING CARNIVAL EVENTS

Dear Parents,

Below is a list of events that students can enter in their age division for the DISA Swimming Carnival. Please indicate what events you would like your child to enter and have a go in. We will be holding a practice session for the students, so we can ensure they can make the distance and the stroke is being swam correctly. Please note, there will be **NO** Butterfly stroke this year. All measures will be taken to provide the utmost safety for all participants. If you have questions with this please let me know on 9047 1053.

I would like my child _____ to participate in;

JUNIOR DIVISION (Pre-Primary - Year 2)

- 25m freestyle
- 25m backstroke
- 25m breast stroke

INTERMEDIATE DIVISION (Year 3 - Year 4)

- 50m freestyle
- 50m backstroke
- 50m breast stroke

SENIOR DIVISION (Year 5 – Year 6)

- 50m freestyle
- 50m backstroke
- 50m breast stroke

Signed: _____

Dated: _____

Yours sincerely,

Rebecca Clarke
Health and Physical Education Teacher



