

WARNERS BAY



QUALITY EDUCATION FOR ALL

Excursion Letter to Parents/Caregivers

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

Excursion/Activity	Hunter Regional Swimming Carnival 2022		
Excursion Description	Regional carnival for students who have progressed from Zone		
Faculty	PDHPE		
Date(s)	Tuesday 15/03/2022 8:30am - 2:45pm		
Venue	Lambton Pool		
Students/Class	Students from Years 7-12		
Cost of excursion	Nil cost to students		
Transport	Students must make their own way to and from the venue.		
Supervision	N/A		
Please bring	Please bring Towel, Goggles, Zone Swimming Cap and competitor-approved swimwear.		
Students must wear	Full School Sports Uniform and Eastlakes Zone Swimming Cap (available to purchase from PE Staffroom for \$7). Zone caps must be worn at the carnival (team uniform).		
Food	Please bring recess and lunch.		
Additional information	Students must pay \$3.60 directly to Lambton Poo Cap from the PE Staffroom (\$7) prior to or on the		urchase an Eastlakes Zone Swimming
lessons or any other school ac zone, area, and state school sp Injuries Benefits Scheme, fund body. Note: Extra/co-curricular excur	Travis Caruana Teacher in charge al injury insurance cover provided by the NSW Depativity. Parents and caregivers are advised to assess port associations when deciding whether additional ced by the NSW Government, covers any injury resultations/activities are a privilege which provide student tations for participation in learning and/or behaviour	the level and extent of their child's involvement in cover, above that provided by Medicare, is require ting in the permanent loss of a prescribed faculty ts with an opportunity to further develop knowledg	the sport program offered by the school, d. The NSW Supplementary Sporting or the use of some prescribed part of the ge and skills learnt in class. Students who
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Excursion: Hunter Regional Swimming Carnival 2022 Date: Tuesday 15/03/2022 8:30am - 2:45pm Return this portion to the front office by Monday 14 March 2022		Cost	Faculty: PDHPE of Excursion: Nil cost to students
☐ I give permission for my chi	ld	of Year to attend the excursion/activit	ty above.
Education's policies and proce	nt/activity is required to be held in accordance with a dures. I acknowledge and accept that there is a risk tend if displaying any symptoms of illness, and/or if	that my child may be exposed to COVID-19 whils	
☐ My child's medical details h	ave NOT changed.		
	AVE changed. My child's updated medical details ar s medical details change.	e attached. <i>Note: It is the responsibility of</i>	the parent/caregiver to notify the

Signed(Parent/Caregiver) Date