

APS SWIMMING SPORTS DAY

Friday 26th February 2021

ALBANY PRIMARY SCHOOL

6 Bass Road, Albany

Phone: 09 4159668



ALBANY PRIMARY SCHOOL
Where learning makes a difference ...

Monday 15th February 2021

Dear Parents/Caregivers

Your child has qualified to compete in our Albany School Swimming Sports to be held at the Northern Arena on **Friday, 26th February from 9:00am to 1:30pm**. This event will help us to select the Inter-School team which competes on the 11th of March at Coatesville Primary School (rain saver day - Friday 12th of March). **We will need parent help to run this day on the 26th February so please indicate below if you are available to assist. Without parental help this event will not be able to take place.**

This year students need to select the events they wish to compete in prior to the swimming sports. This will allow us to group children in their ages to compete and calculate our 1st, 2nd and 3rd place finishers to participate in our school team for the Interschool Swimming Sports on Thursday 11th of March.

Please complete the attached form regarding your child's water confidence / swimming ability. Children will need to bring their togs, 2 towels, a swim cap, swimming goggles, a drink of water, morning tea, and lunch and wear their school uniform and **closed in shoes** (bring your school sweatshirt for warmth).

Return all required forms to the school office no later than **Friday the 19th of February** (if your child attended the Swimming Grading session on the 12th of Feb you are **not** required to fill in the swimming consent section of the attached form, **all others MUST however fill out both sections of this form**).

If you have any concerns or questions, please do not hesitate to contact me at arousseau@albany.school.nz.

Thank you for your co-operation and time.

Adri Rousseau



APS Swimming Sports Day Session 26th February 2021

Please write clearly and make sure you have completed every section

\$8.00 fee to be returned to the office by Friday 19th of February.

List of Events - please tick in the box which race, gender and age group your child would like to enter. You may enter more than one race. You must enter a one length race before entering a medley race.

1. One length (25m) - Freestyle - Boys or Girls 8yrs , 9yrs and 10 + years
2. One length (25m) - Backstroke - Boys or Girls 8yrs , 9yrs and 10 + years
3. One length(25m) - Breaststroke - Boys or Girls 8yrs , 9yrs and 10 + years
4. Medley 50m - (Backstroke, freestyle) Boys or Girls 9 years only
5. Medley 75 m - (Backstroke, breaststroke and freestyle) Boys and Girls Year 10+

I _____ parent of _____ (full name) in Area _____ give permission for my child to **travel by bus** to and from the Northern Arena on **Friday 26th February** for the APS Swimming Sports.

Home Ph _____ Emergency Ph on the day _____

Medical Conditions to be aware of _____ and how their medication is administered on the day _____

Age as of the 11th of March 2021 _____ (your child must be 8 years or older)

Email address _____

I have completed, signed and attached the Swimming Consent form (not required if your child attended grading day).

I am available to help with duties on the day (timing, recording, results, etc.)

I have paid \$8 to the office via internet banking Electronic payments can be made to: 12-3107-0043717-00. For our bank statement. Please state your child's first initial and last name, year level and APS Swimming Sports as the reference

Signed: _____ Name: _____

Swimming Consent Form

Even with this consent, group leaders must check the student's swimming ability.

Student's name: _____ Area: _____

		Yes	No	Don't know
1.	Can your child freestyle at least 25 metres confidently?			
2.	Is your child water confident in a pool?			
3.	Is your child confident in deep water?			
4.	Can your child tread water?			
5.	Can your child survival float?			
6.	What swimming strokes can your child confidently swim?			
7.	Is your child safety conscious in and around water?			
I agree to my child taking part in this event.				
I agree to any emergency treatment required by my child during this event.				
My child is in good health and fit to participate.				
Parent's name: _____				
Signature: _____ Date: _____				