



### Year 2-6 Swimming Carnival 2021

Please use the QR Scanner to complete your child's online form in regards their swimming ability and the possible activities they would like to do at the school's swimming carnival.



The QR scanner is the preferred option to complete your child's detail but if you are unable to do this online, please complete the hard copy below.

Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

My child can swim:  No  Yes

If yes, the distance my child can swim independently is: (Choose one)  
 25m  50m  
 100m

If yes, the competitive events my child would like to participate in are:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 25m Freestyle  | <input type="checkbox"/> 50m Freestyle  | <input type="checkbox"/> 100m Freestyle *  |
| <input type="checkbox"/> 25m Breastroke | <input type="checkbox"/> 50m Breastroke | <input type="checkbox"/> 100m Breastroke * |
| <input type="checkbox"/> 25m Backstroke | <input type="checkbox"/> 50m Backstroke | <input type="checkbox"/> 100m Backstroke * |
| <input type="checkbox"/> 25m Butterfly  | <input type="checkbox"/> 50m Butterfly  | <input type="checkbox"/> 100m Butterfly *  |

**\*\*\*NOTE: All 100m events are for students wanting to compete at regional and state carnivals only. These events will be held at 8:45 AM. Private transport to is required.**

If no, I agree to my child taking part in swimming/aquatic activities (for example novelty relays) in shallow water:  No  Yes

Name of Parent / Carer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency contact on the day: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Parent assistance:** If you are available and interested in assisting us as time keepers, place judges or assistant lifeguards, please contact Matt O'Dwyer via email – [matt.o'dwyer@ed.act.edu.au](mailto:matt.o'dwyer@ed.act.edu.au)

