Dear Parents,

Swimming trials for the upcoming Mulgrave District Swimming Carnival will be held on Thursday the 12th of February at Monash Aquatic Centre (MAC) during school time. All students turning 9-13 years old and meet the following criteria are invited to attend the swimming trials. The times recorded at the trial will be used to select the Essex Heights swimming team.

Your child must be a current participant or recent participant in an organised swimming program at the following levels or equivalent:

- Monash Aquatic: Minky Seal, Bronze, Silver or Gold levels
- Tateswim: any of the junior squads
- Just Swimming: Seal level or better
- Huntingtower Swimming Club: Green level or Squad members
- Ashburton Pool and Rec. Centre: Shark level or any Squad members

Or;

- Can swim any of the four major strokes in under 1 minute and 2 seconds over 50m.

Students will be transported to the trial by bus. There is no cost for this event as all costs including bus, pool and relief teacher hire will be covered by the school.

It is suggested that students wear their swimming gear under their school uniform. Students should also take with them a towel, drink bottle and goggles if needed. Students will change back into their uniform before returning to school.

Please fill out and return the permission form to Mr Wooster by Wednesday February 11th.

The Mulgrave District Swimming Carnival is to be held on Wednesday February 18th.

Yours in sport,

Mr Ben Wooster
Inter-School Sport Co-ordinator
ESSEX HEIGHTS PRIMARY SCHOOL

<table>
<thead>
<tr>
<th>Activity</th>
<th>Venue</th>
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<tbody>
<tr>
<td>Essex Heights Swimming Trials</td>
<td>Monash Aquatic Centre</td>
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<tr>
<th>Date</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Thursday 12th February, 2015</td>
<td>$ 0</td>
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NAME OF STUDENT: _______________________

CLASS: _______________________

SWIMMING LEVEL and CLUB: _______________________

I verify that my child has met the required criteria and give permission for my child to participate in the Essex Heights swimming trials on Thursday 12th February, 2015.

I authorize the Teacher in charge of the activity to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be necessary.

Signature of Parent/Guardian _______________________

Mobile _______________________

Name of Parent/Guardian _______________________
