

WILLOUGHBY SWIM CLUB INC.



6 May 2011

CLUB TOUR TO CANBERRA

Willoughby Swim Club will be travelling to Canberra to compete in the Ginninderra Swim Club meet on 25 and 26 June 2011. This is a short course meet and will be a qualifying meet for all winter competitions. Children aged 11 years or under should be accompanied by an adult.

Total Cost is: \$180 per swimmer / \$150 per adult as adults purchase restaurant meal on Saturday night
This payment includes pool entry, breakfasts, lunches, athlete dinners, accommodation and coach transfers.

Please be at Lane Cove West Public School by **6.30 am on Saturday 25 June 2011**. Our scheduled return to Lane Cove West School will be approx. 8.00 pm on Sunday.

We will be staying at the Rydges Eagle Hawk Resort, Federal Highway North ACT/ NSW Border
Tel: +61 2 6241 6033
Fax: +61 2 6241 3691

Coach contact is: Graeme Brewer 0409 418 855

Can you please complete the attached permission slip and place in Club box with entries by 30 May 2011. Enquiries about entries should be directed to Molly Schafer (0408 196 605).
NO LATE ENTRIES PLEASE

Please note the Age Group Code of Conduct – it is attached so that you may familiarise your family with the behaviour standards which apply on tour.

Thank you and should you require any further information, please contact Graeme, Molly or myself.

Regards

Regina Haertsch
President (0413 020 991)
for WSC Committee

WILLOUGHBY SWIM CLUB INC.



PERMISSION FORM

A parent or guardian is requested to sign this permission form enabling their Son/Daughter

..... to travel to and from Canberra by Coach to participate at the Ginninderra Swim Carnival which will be held at the AIS/ accommodation at Rydges Eagle Hawk, on Saturday 25 and Sunday 26 June 2011. Please include on the form: (any birthdays, special times, while we are away)

Any special dietary requirements

This permission slip and the medical release form with full payment (including races entry fees) is due 30 May 2011.

I give permission for my son/daughter to travel by coach, with the Willoughby Swim Club to Canberra and return.

.....
Parent/Guardian/signature

.....
Home Phone Number

.....
Mobile Number

.....
Print Name

Medical Release Form

Name of Swimmer: _____ Date: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Willoughby Swim Club Inc on tour. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____ (NAME OF THE SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE WILLOUGHBY SWIM CLUB INC PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE WILLOUGHBY SWIM CLUB INC FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD

Participant Signature (if over the age of 18) _____ Parent/Guardian Signature: _____

Home Phone: _____ Parents Daytime Phone: _____

If parents are not available, please call the person designated below:

Name: _____

Address: _____

City/State/Postcode: _____ Phone: _____

Relationship: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc.....which may be needed in rendering medical treatment:

Medicare no of swimmer: _____

Parent/Guardian Insurance Information:

Company Name: _____ Policy #: _____

Address _____ Phone: _____
