



Bacchus Marsh  
Grammar

**BMPSSA DIVISIONAL SWIMMING CARNIVAL**

**Tuesday 7 March 2023**

Dear **Parents/Guardians**,

Following the schools recent success at the (MMPSSA) Bacchus Marsh Primary School Sports Association, Regional Swimming Carnival, your child has now been selected to represent Bacchus Marsh Grammar.

The BMPSSA Divisional Swimming Carnival is being held on **Tuesday 7 March 2023** at Melton Waves Leisure Centre.

**Date:** **Tuesday 7 March 2023**

**Time:** Depart 9.00am ready for a 10.00am start. The students will return to school for normal school dismissal.

**Uniform:** Please ensure that your child wears full sports uniform (**School sports polo and not house polo**) to school, including a hat and sunscreen. Students are required to wear appropriate competition swimwear.

**Location:** Melton Waves Leisure Centre, 206 Coburns Road, Melton

**Food:** Students are required to bring lunch, snacks and a refillable drink bottle.

**Transport:** The students will travel by bus, to and from the Carnival.

*\*\*All students attending are required to have their Student ID card for logging on/off the bus\*\**

*\*\*It is recommended that all students 8 years and over wear a fitted face mask whilst travelling on public transport (this includes to and from school, excursions, and camps) unless they have a medical exemption\*\**

Please also be aware that parents/spectators may be charged an admission fee by Melton Waves Leisure Centre.

Please complete the permission slip by **Monday 6 March 2023**.

We look forward to a successful day.

Yours sincerely,

Bryce Durham  
Head of Faculty: PE and Health

Debra Ogston  
Deputy Principal



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**B.M.P.S.S.A Swimming Carnival Permission Slip**

I hereby give permission for my child, \_\_\_\_\_ of Year \_\_\_\_ to represent Bacchus Marsh Grammar at the B.M.P.S.S.A Swimming Carnival at Melton Waves on **Tuesday 7 March 2023**

*In the event of illness or accident, and where it is impractical to communicate with me, I authorise my child's receiving such medical or surgical treatment as may be deemed necessary. I accept responsibility for payment of any expenses thus incurred.*

Parent/Guardian Name: \_\_\_\_\_

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

Please complete the permission slip by **Monday 6 March 2023**