

SCHOOL SWIMMING and WATER SAFETY PROGRAM

Message to Parents / Caregivers

Arrangements have been made to include a learn to swim program in our school curriculum.

The Department of Education School Swimming and Water Safety Program is an intensive learn to swim program, which develops water confidence and provides students with basic skills in water safety and survival. The Program is conducted over ten days. Each daily lesson is 45 minutes for 5 days, 2 lessons each day.

Instruction will take place at Trinity Aquatic Centre.

The Program will continue daily for one week (2 lessons per day) from 3rd to 7th December 2018. There will be no charge for instruction.

Transport cost is covered by a sporting grant. Pool entry will cost \$15 /week.

The total cost for the 5 day scheme is \$15.

Each child should bring a; swimming costume, towel, hat and warm clothing and plenty of food. Where instruction takes place in an outdoor pool, it is recommended that students use adequate sun protection, eg. an SPF 30+ broad spectrum, water-resistant sun screen reapplied regularly and a rash shirt is also recommended (pool facility permitting).

Trinity Aquatic Centre is an indoor pool.

Students will be assessed during the School Swimming and Water Safety Program for all water safety skills without wearing goggles.

Please complete and sign the form below and return it to your child's class teacher.

Principal: Jane Varcoe

Date: 24/10/18

Return this section to the school by:

(Day) Monday

Date 26/11/18

SCHOOL SWIMMING AND WATER SAFETY PROGRAM CONSENT FORM

I hereby consent to the attendance of my son/daughter _____
at the School Swimming and Water Safety Program classes to be held at Trinity Aquatic Centre
from 3rd to 7th December 2018.

☐ I understand the travel will be by bus.

☐ I have enclosed \$15 per child

☐ I have paid by POP receipt _____

In the event of injury or illness, I also authorise (on my behalf) the seeking of such medical assistance that my child may require. Special needs of my child of which you should be aware (eg. allergies, sensory impairment, etc):

Name: _____ Signed: _____ Date: _____

TO BE RETAINED AT THE SCHOOL

Privacy Notice

The personal information provided on this permission note, will be used by the Department of Education for general administration and communication and other matters of welfare relating to your child at this event. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so, may impede the resolution of welfare issues should you not be able to be contacted. This information will be stored securely.

Please be aware that the media exposure at this event may result in your child's name, school details and/or photograph appearing in a Newspaper, on Television or on the School Sport Unit Website