Swimming Program Prep

Purpose: To improve the levels of water confidence and safety. To provide a 5 day intensive swimming program (45 minute lessons) for Prep students who are at a non swimming level to those who are competent swimmers.

Date: Monday 20th October – Friday 24th October
1pm – Prep EF and SR
2pm – Prep MD and HM

Groupings and allocation of when your child will be attending will be finalised once total numbers attending is confirmed.

Venue: Sunbury Aquatic Centre
Transportation: A bus will transport students to and from the venue.

Info: Students should wear bathers to school (under their uniform) and bring a change of underwear to wear after swimming. A bag with their towel, goggles (recommended) and underwear is the best option. Please ensure all items are named.

Cost: $62 per participant – To be paid by Friday 10th October. Payment must be made for children to be able to participate. Unfortunately, due to the costs associated with transport and payment of instructors, refunds are not possible if students miss any sessions.

Medication: Please complete the medical information and forward this to the school with permission note and payment.

Parent assistance at the pool would be greatly appreciated. All parent assistants must have a “Working With Children’s Card”

Andrew Pizaro
(PE/ Sports Coordinator)

Phil Clinkaberry
(Principal)

Event - Prep Swimming Program
To be returned with payment no later than Friday 10th October.

Students Name: ____________________________ Class ______________

I hereby give permission for my child to participate in the above event, travelling to and from the venue by the transportation of bus. In the event of illness or injury I authorise, where it is impracticable for me to be contacted, to my child receiving such medical attention as may be deemed necessary for their well being.

Parent/ Guardian
Name__________________________Signature___________________________Date___________

Emergency Contact Number_____________________

Please indicate whether previous lessons have been undertaken OR your child’s swimming ability:

Lessons taken Yes / No Non swimmer □ Beginning swimmer □ Competent □

Medication information Please complete if the student is currently taking medication and will need to take that medication swimming.

<table>
<thead>
<tr>
<th>NAME OF MEDICATION</th>
<th>METHOD</th>
<th>WHEN,&amp; HOW MUCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Eg. Ventolin)</td>
<td>( eg. puffer held by student)</td>
<td>(eg. 2 puffs when required)</td>
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