Swimming Program Year Three / Four

Purpose: To improve the levels of water confidence and safety. To provide a 5 day intensive swimming program for Year 3/4 students, from swimming level of non-swimmers to competent swimmers.

Date: Wednesday 26th March – Tuesday 1st April
12.00pm, 1pm and 2pm sessions
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 plastic bag with their towel, goggles (recommended) and underwear is the best option.

Cost: $55 per participant – To be paid by Wednesday 5th March. 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. If there are any parents that may be able to travel on the bus with groups, could you please let your child’s teacher know. All parent assistants must have a “Working With Children’s Card”

Andrew Pizaro
(PE/ Sports Coordinator)

Phil Clinkaberry
(Principal)

Event- Yr 3/4 Swimming Program
To be returned with payment no later than Wednesday 5th March.

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 lessons taken or otherwise the competency of 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>
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<tr>
<th>NAME OF MEDICATION (Eg. Ventolin)</th>
<th>METHOD ( eg. puffer held by student)</th>
<th>WHEN, &amp; HOW MUCH (eg. 2 puffs when required)</th>
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