

Our Lady of Mt Carmel Primary



16th November 2018

Swimming Program 2018

Dear Parents/Carers,

This term all students will attend swimming lessons at the Aquatic Safety Training Academy on Best Road, Seven Hills. The Academy is a facility of the Royal Life Saving N.S.W. branch.

Your child will be involved in the Swim and Survive Program. The first day of the swimming program is Monday 3rd December 2018. The children will go swimming every day until Friday 14th December 2018, except for Year 5 and 6 who will participate four days per week. (Year 5 and 6 parents please see permission note regarding Surf Awareness practical) Please note that payment for this program has been included in the 2018 Activity school fees. Due to the requirement by Aquatic Safety Training Academy, Royal Life Saving to pay two weeks prior, the school will be unable to give any refund. Any child who is not able to participate due to a medical reason, parents must send a letter explaining the reason with appropriate medical documentation to Mr Steven Jones Principal, by Friday 23rd November for consideration.

Please complete the attached survey that will allow the swimming teachers to group your child for their first lesson. An initial assessment of each child will also be done during the first lesson of the program. Throughout the swimming program, the staff monitor the children's progress and make changes where appropriate.

Please return the survey and the signed permission note to your child's classroom teacher before **Friday 23rd November 2018**.

Yours sincerely,
Mr Nicholas Jones
Sports Coordinator

Mr Steven Jones
Principal

Swimming Program Permission

I give permission for my child _____ in class _____ to attend the Swimming Program between the dates of 3rd December 2018 to 14th December 2018 at Aquatic Safety Training Academy and have attached the Swim and Survive Student Survey.

I understand transport each day will be by bus, to and from Aquatic Safety Training Academy on Best Road, Seven Hills.

Does your child have any allergies?

(If so, please name allergy)

Is your child at present on any medication?

(If so, please name medication)

Parent/Carer Name

Parent/Carer Signature

Date

CULTURE | LEARNING | ENGAGEMENT





Swim & Survive Student Survey

Student Name			
School Attending			
Year/Class	Year	Class	Age
Does your child attend weekly lessons?	Where?	Class	

Student Swimming Ability	Please tick the abilities that applies
1. Non-Swimmer	
2. Basic paddle and kick / Unaided back float / Basic back kicking	
3. Freestyle 8m+ / Back stroke 8m+	
4. Freestyle 10m+ with bilateral breathing / Backstroke 10m+ / Breaststroke kick	
5. Confident in deep water unassisted	Yes / No
6. Freestyle 15+ / Backstroke 15m+ / Breaststroke 15m+	
7. Freestyle / Backstroke / Breaststroke / Butterfly	
8. Squad swimmer for (indicate club name) / Number of sessions per week	
Any other information applicable to swimming ability:	

Parent / Guardian signature:

In case of an emergency daytime contact number:

Please return this form to your school by the date indicated.