

## Pre Primary to Year 6 In-term Swimming Wanneroo Aquamotion 2018

In-term swimming lessons commence at Aquamotion in week 4 of Term 1 on Monday 19<sup>th</sup> February and will run until Friday 2<sup>nd</sup> March 2018. Our students will be travelling by bus (with seatbelts) to and from the swimming venue.

The cost per student for 10 lessons will be \$46.00. This is comprised of \$30.00 pool entry (\$3.00 per day per student) and a cost of \$16.00 bus travel for the 10 days per student. **The actual swimming lessons are FREE**. Swimming is part of the curriculum so students are expected to participate and will require a medical certificate if they can't attend the lessons.

Please complete the In-term Swimming Enrolment Forms below and return to the class teacher by Friday 16<sup>th</sup> Feb. Money **needs** to accompany the permission slip. If you are having difficulty paying by this date, please contact Miss Danielle Stitfold (Deputy Principal) at the school on 9302 3611.

Kind regards Jarred Moon PE Teacher 31<sup>st</sup> February 2018 NO ENROLMENT FORMS OR MONEY WILL BE ACCEPTED AFTER 10AM FRIDAY  $16^{\mathrm{TH}}$  FEBRUARY, UNLESS OTHERWISE ARRANGED WITH MISS STITFOLD.

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INTERM SWIMMING ENROLMENT FORM			
TO BE COMPLETED BY PARENT:  I give my child (full name) permission to attend swimming classes at Aquamotion, commencing on Monday 19 <sup>th</sup> February through to Friday 2 <sup>nd</sup> March 2018 and understand they will be travelling to and from the venue by bus.			
Where it is not practical to communicate with me, I authorise the teacher in charge to consent to my child receiving such medical treatment as may be considered necessary. I am aware that Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.			
Please Note: If medical conditions are not listed, Swimming Staff can not take responsibility for medical conditions of which they are unaware.  Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition that may affect his/her safety?  No Pes please list below and provide details of condition and medication currently being taken if applicable.			
I agree to inform my child's class teacher before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the teacher in charge to consent to my child receiving such medical treatment as may be considered necessary.			
Child's Name: Age: Parent of		Age: Parei	nt contact number:
School: Room Number:			
			My child is going for Stage No:
2 3 4	Beginner	9 Senior 10 Jnr Swim & Survive/Surf Stage 10 11 Swim & Survive/Surf Stage 11 12 Snr Swim & Survive/Surf Stage 1 13 Wade Rescue/Surf Stage 13 14 Accompanied Rescue/Surf Stg 14 15 Bronze Star (pool only)	My child has attempted this "going for" stage 3 Times in Department of Education and Training
Signature & Daytime Ph No Date:			
(Parent/Guardian)			