Dear Parents & Caregivers,

**SWIMMING LESSONS Year 3-6**

**Angelo Anestis Aquatic Centre- Bexley**

Next term swimming lessons will be available at the Angelo Anestis Aquatic Centre at Bexley. Students will be placed in groups according to their swimming skills. A swimming instructor will be assigned to work with each squad so that all swimmers will improve their relative swimming skills over the 8 sessions. **Groups start from beginners to squad levels.**

Swimming lessons will be on Friday mornings, from week 1 to week 8 Term 4. These lessons will take place during the allocated sport time. ***Please note that students participating in Summer PSSA sport will NOT be eligible for the swimming program.***

**DETAILS:** **Dates** **Friday 19 October to 7 December**

Venue Angelo Anestis Aquatic Centre

Transport Bus

Cost $75.00

Requirements Swimming Costume, 2 towels (optional swimming goggles)

For cooler days school track pants & top (**please label all clothing**)

**STUDENTS MUST BE AT SCHOOL AT 8:40am FOR BUS TRANSPORT TO POOL**

Please complete the **consent form with full payment to the admin office** before **Friday 21 September,** to enable planning for transport and employment of appropriate numbers of swimming instructors. **As places are limited, once we reach our quota students will then be put on a waiting list prioritised by date of payment.**

**Full payment must be made before your child will be able to attend.**

A.Sheinwald H.Kaskoutas

Principal Swimming Co-ordinator

## **TERM 4, YEARS 3-6 SWIMMING LESSONS PERMISSION NOTE**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in class \_\_\_\_\_\_\_\_\_\_ to attend Swimming Lessons held at the Angelo Anestis Aquatic Centre, Friday mornings from 19 October till 7 December, 2018. I understand that my child will be travelling by bus both ways. This activity has the approval of the Principal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print Name Sign Date

|  |
| --- |
| Medical Conditions: ie ASTHMA – DIABETES – EPILEPSY – ANAPHYLAXIS or Short Term Illness: ie COLD – EAR INFECTION – etc.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_& Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Payment Method:

|  |  |  |  |
| --- | --- | --- | --- |
| Payment of  $\_\_\_\_\_\_\_ | * Cash | * Cheque | * ONLINE PAYMENT   Receipt #: |

*NOTE: No refund will be given if your child is unable to attend on the day.*